


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003372
 1. Entity Name
SCREENVISION DIRECT, INC.



Principal Place of Business Mailing Address
360 LINDEN OAKS **360 LINDEN OAKS**
ROCHESTER, NY 14625 **ROCHESTER, NY 14625**

DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3070234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 3-29-05

Signature typed or printed name of registered agent to file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/CEO KEARNEY, MATTHEW 1411 BROADWAY NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SEIDEN, ANDREW 1411 BROADWAY NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/TREAS/CO BURGE, ALAN 1411 BROADWAY NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMP SCHAFER, DARRYL 1411 BROADWAY NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/11/05-80041-029 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALAN BURGE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____