


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90033 024 ***150.00

DOCUMENT # F94000001719	
1. Entity Name VITEC BROADCAST SERVICES INC.	

Principal Place of Business 2701 N ONTARIO ST BURBANK, CA 91504	Mailing Address 2701 NORTH ONTARIO STREET BURBANK, CA 91504
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01162008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWGILL, ALASTAIR	NAME	
STREET ADDRESS	ONE WHEATFIELD WAY	STREET ADDRESS	
CITY-STATE-ZIP	KINGSTON UPON THAMES, EN KT1 2TU	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTELL, MICHAEL L	NAME	
STREET ADDRESS	909 THIRD AVENUE - 27FLOOR	STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK, NY 10022	CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUDO, ROBERT A	NAME	
STREET ADDRESS	2701 NORTH ONTARIO STREET	STREET ADDRESS	
CITY-STATE-ZIP	BURBANK, CA 91504	CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIST, ANDY	NAME	
STREET ADDRESS	2701 NORTH ONTARIO STREET	STREET ADDRESS	
CITY-STATE-ZIP	BURBANK, CA 91504	CITY-STATE-ZIP	
TITLE	VPF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERCINI, ROBERT	NAME	
STREET ADDRESS	2701 NORTH ONTARIO STREET	STREET ADDRESS	
CITY-STATE-ZIP	BURBANK, CA 91504	CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTELL, MICHAEL L	NAME	
STREET ADDRESS	909 THIRD AVENUE - 27TH FLOOR	STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK, NY 10022	CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael L. Martell 4/1/08 735.8649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #