2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F94000002430 1. Entity Name

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90416 011 ***150.00

Principal Place of Business Addition SUSTRE STREET DRIVING (0.080237 DRIVING (ON COMMAND VIDEO CORPORATION												
Suite, Apt. #, etc. City & State City & City & State City & C	4610 S ULSTER STREET			4610 S ULSTER STREET									
City & State	2. Principal Place of Business			3. Mailing Address									
Transmit	Suite, Apt. #, etc.			Suite, Apt. #, etc.				04152005	Chg-P	CR2E	034 (10/03)		
S. Certificate of Status Seried Fee Required	City & State			City & State							<u> </u>	*	
Name	Zip	Country Zip			Count	ry		5. Certificate	of Status Desired				
CONPORATION SERVICE COMPANY 1201 HAYS STREET		6. Name and Address of Curr	ent Regis	tered Agent		Nisses		7. Name and	Address of New	Registered	Agent		
1201 HAYS STREET TALLAHASSEE, FL 32301-2525	CORDORATION SERVICE COMPANY					Name							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE		• •				City				FI	Zip Cod	е	
SIGNATURE Signature, typed or period rume of registered agent and life if applicable. (NOTE, Registered Agent signature required when reinstating) DATE			nt for the p	ourpose of changing its re	egistere	ed office or	register	ed agent, or bo	th, in the State of			and accept	
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		 certify that the information supplied	with this f	iling does not qualify for t			ad in Se	ction 119.07(3)	(i). Florida Statute	s. I further ce	rtify that the i	nformation	

Interest certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. If urther 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.

Pamela Strauss/Secretary

Pamela Strauss/Secretary

Date

Date

Daysine Phone I

SIGNATURE: _