2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33483

FILED Apr 26, 2004 Secretary of State

Entity Nam	ie: VIDEO	SIGHT 8	SOUND CORPORATIO	DΝ			•	
Current Principal Place of Business:					New Principal Place of Business:			
C/O RONAI 128 S.E. 8T CAPE COR	H ST.							
Current Mailing Address:					New Mailing Address:			
C/O RONAI 128 S.E. 8T CAPE COR	HST.							
FEI Number: 59-2493890 FEI Number A			Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()			Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							of New Registered Agent:	
GAILLARD, 128 S.E.8TI CAPE COR The above in the State	H ST. AL, FL 339 named entit	990	s this statement for the pu	urpose of	f changing it	s registere	ed office or registered agent, or both,	
SIGNATUR	E:							
	Electr	onic Sigr	nature of Registered Ager	nt			Date	
Election Cam	paign Financ	ing Trust	Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	DP GAILLARD, F 128 S.E. 8TH CAPE CORA	HST.	9		Title: Name: Address: City-St-Zip:	128 S.E. 8T	(X) Change () Addition RONALD L., I'H ST. I'AL, FL 33990	
Title: Name: Address: City-St-Zip:	VP GAILLARD, N 128 SE 8TH CAPE CORA	ST	90		Title: Name: Address: City-St-Zip:	S GAILLARD, 128 SE 8TH CAPE COR		

Title: () Delete

Name:

Address: City-St-Zip:

Title: () Delete

Name: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33990

Title: T () Change (X) Addition

GAILLARD, SHANE F V

128 SE 8TH ST

() Change (X) Addition

Name: GAILLARD, MEGAN L T Address: 128 SE 8TH ST City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

SIGNATURE: RONALD L. GAILLARD DP 04/26/2004