

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74417

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: KNOWLES VIDEO, INCORPORATED

**Current Principal Place of Business:**

2003 APALACHEE PKWY  
SUITE 201  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12127  
TALLAHASSEE, FL 323172127 US

**New Mailing Address:**

FEI Number: 59-2831887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KNOWLES, KARL  
5450 BUCK LAKE ROAD  
TALLAHASSEE, FL 32317 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KNOWLES, KARL  
Address: 5450 BUCK LAKE ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DST ( ) Delete  
Name: KATHE, GUY  
Address: 16 PONCE DE LEON DRIVE  
City-St-Zip: GREENVILLE, SC 29605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: KARL KNOWLES

DP

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date