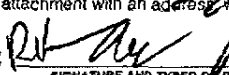


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L13792</b> <small>1. Entity Name</small> <b>IDA SMALL VIDEO CORPORATION</b>		
<small>Principal Place of Business</small> <b>13638 STATE ROAD 84</b> <b>DAVIE, FL 33325</b>		<small>Mailing Address</small> <b>13638 STATE ROAD 84</b> <b>DAVIE, FL 33325</b>
<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City &amp; State</small>	<small>City &amp; State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
<b>VEINGRAD, RICK B</b> <b>13638 STATE ROAD 84</b> <b>DAVIE, FL 33325</b>		<small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small>  <small>City</small> <b>FL</b> <small>Zip Code</small>
<b>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.</b>		
<small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent goes here if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <small>DATE</small> _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>PD</b> <input type="checkbox"/> Delete <b>VEINGRAD, RICK</b> <b>13638 ST. ROAD 84</b> <b>DAVIE, FL</b>	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <input type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>
<b>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 another like empowered.</b>		
<b>SIGNATURE:</b> 		<b>1/17/06</b> <small>Date</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>



02142006    Chg-P    CR2E034 (11/05)

**4. FEI Number**  
**65-0155213**       Applied For  
 Not Applicable

**5. Certificate of Status Desired**            **\$8.75** Additional Fee Required

000000440361  Change       Addition  
 03/03/06-80016-022 150.00