

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L14421

1. Entity Name
SOUTH FLORIDA VIDEO PRODUCTIONS, INC.



Principal Place of Business
**C/O KRIS MICHAEL LAHAM
1990 N.E. 195 DRIVE
N. MIAMI BCH, FL 33179**

Mailing Address
**C/O KRIS MICHAEL LAHAM
1990 N.E. 195 DRIVE
N. MIAMI BCH, FL 33179**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0157439** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LAHAM, KRIS MICHAEL
1990 N.E. 195 DRIVE
N MIAMI BCH, FL 33179**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAHAM, KRIS MICHAEL
STREET ADDRESS	1990 N.E. 195 DRIVE
CITY - ST - ZIP	N. MIAMI BCH, FL 33179
TITLE	DTS
NAME	LAHAM, ANDREA JOY
STREET ADDRESS	1990 N.E. 195 DRIVE
CITY - ST - ZIP	N. MIAMI BCH, FL 33179
TITLE	D
NAME	SISKIND, ROBERTA LYNNE
STREET ADDRESS	1990 NE 195 DR.
CITY - ST - ZIP	NO. MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/17/05-80036-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Andrea J Laham **ANDREA J LAHAM**

11/8/05 305931-7048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #