


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State


04-02-2004 90049 010 ***150.00

DOCUMENT # L33011	
1. Entity Name VIDEO CONCEPTS LIMITED, INC.	

Principal Place of Business 1901 BRINSON RD #19 LUTZ FL 33549 US	Mailing Address 1901 BRINSON RD #19 LUTZ FL 33549 US
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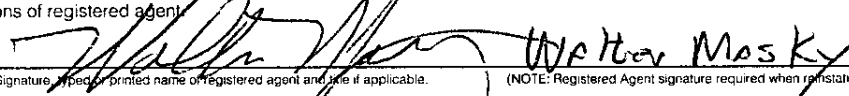
2. Principal Place of Business 19418 Everton Place Suite, Apt. #, etc.	3. Mailing Address 19418 Everton Place Suite, Apt. #, etc.
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City & State Land O Lakes, Florida	City & State Land O Lakes, Florida
Zip 34639	Country USA
Zip 34639	Country Pasco USA

	MOORE	CR2E034 (11/03)
4. FEI Number 59-3011675	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MASKY, WALTER G 1901 BRINSON RD #19 LUTZ FL 33549	7. Name and Address of New Registered Agent Name WALTER G. MASKY Street Address (P.O. Box Number is Not Acceptable) 19418 EVERTON PLACE City LAND O LAKES, FL Zip Code 34639
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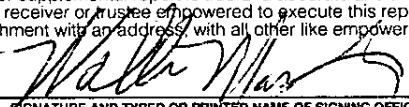
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Walter Masky** **3-30-04**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASKY, WALTER G		NAME Walter G. Masky	
STREET ADDRESS 1901 BRINSON RD #19		STREET ADDRESS 19418 Everton Place	
CITY-ST-ZIP LUTZ FL 33549		CITY-ST-ZIP Land O Lakes, Florida 34639	
TITLE STVD	<input checked="" type="checkbox"/> Delete	TITLE STVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASKY, DIANN		NAME DiAnn Hamilton	
STREET ADDRESS 101 GATES AVE., UNIT A6		STREET ADDRESS 101 Gates Ave A-6	
CITY-ST-ZIP MONTCLAIR NJ 07042		CITY-ST-ZIP Montclair New Jersey 07042	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Walter Masky President** **3-30-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813-948-3753