2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90055 001 ***150.00
02-12-2008 90055 002 *****8.75

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1st MOORE CR2E034 (10/07)

DOCUMENT # L33011

1. Entity Name
VIDEO CONCEPTS LIMITED, INC.

Principal Place of Business	Mailing Address
4214 MILL VALLEY CL TAMPA FL 33618 US	4214 MILL VALLEY CL TAMPA FL 33618 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3011675 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MASKY, WALTER G 4214 MILL VALLEY CL TAMPA FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MASKY, WALTER G 4214 MILL VALLEY CL TAMPA FL 33618	☒ Delete	TITLE PD NAME pd STREET ADDRESS Masky, Walter G. CITY-ST-ZIP 4214 Mill Valley Ct Tampa, Florida 33618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MASKY HAMILTON, D. ANN G WESTWOOD DRIVE NORTH WEST ORANGE NJ 07052	☒ Delete	TITLE vd NAME Masky, DiAnn STREET ADDRESS 6 Westwood Dr. North CITY-ST-ZIP West Orange, New Jersey 07052	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	std	☒ Delete	TITLE std NAME ~~Michelle Brazseal~~ STREET ADDRESS 9748 Riverchase Dr. CITY-ST-ZIP ~~New Port Richey~~, Florida 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: Walter G Masky Walter G. Masky 2-4-08 (813) 293-5212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #