2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)								FILED				
DOCUMENT # M39920 1. Entity Name								Apr 21, 2005 08:00 AM Secretary of State				
INTERNATIONAL VIDEO PROJECTS, INC.									. ,			
Principal Place	e of Business		Mailing	Mailing Address]					
6700 S. FLO	RIDA AVE.		6700 S. FLORIDA AVE.									
SUITE 28 LAKELAND	FL 33813		SUITE 28 LAKELAND FL 33813									
US			US				11					
2. Principal P	lace of Busine	3. Mail	3. Mailing Address									
Suite, Apt			Suite, Apt. #, etc.					CR2E034 (10		olied For		
City & State				City & State Zip Country			4. FEI Numt	^{per} 59-2729072		Not	Applicable	
Zip	Country			Zip		иу	5. Certificate of Status Desired					
	6. Name a	ind Address of Cu	rrent Registere	d Agent	l		7. Name an	d Address of New R	legistered Ager	it		
						Name				•		
CLARKE, FRANK DAVID 2 LOMA VERDE LAKELAND FL 33813						Street Address	Address (P.O. Box Number is Not Acceptable)					
						City		· · · ·	FL	Zip Code	ı	
8. The above	named entity	submits this statem	nent for the purp	ose of changing its	register	d office or registe	ered agent, or b	oth, in the State of Flo	:	liar with	afid åccept	
the obligat	tions of registe	roelagent		1	•		-		Flan		<u> </u>	
SIGNATURE .	Signature, typed p	viunted name of registere	d agent and life it app	ricable (NOT	E Registere	d Agent signature require	ed when reinstating)	~ 9	DATE			
F	ILE NOW!!!	FEE IS \$150.0	0					9. Election Camp	eign Financing	\$5 C	O May Be	
		Fee Will Be \$5						Trust Fund Cor			d to Fees	
	K Payable to	Florida Departm	AND DIRECTO	ne.	11.		AMORTON	 S/CHANGES TO OFF	TOTOS ANITATAL	さきんそんもの	EINERE -	
10.	DPV	OFFICERS	S AND DIRECTO	Delete	TITL		ADDITION	STOTIAL VALUE TO OTT		Change	Addition	
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CITY-ST-ZIP	LAKELAND	FL		<u> </u>	_	- ST- 7IP					=	
THE	ST	DANIZ DANID		☐ Delele	[III] NAM	·			L	Change	☐ Addition	
NAME STREET ADDRESS	CLARKE, FRANK DAVID					LET ADDRESS						
CITY-ST-7IP	LAKELAND			(-SI-7IP			<u> </u>			
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NAME					NAM	· ·						
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STREET ADDRESS						EET ADDRESS						
CHY-SI-ZIP					CITY	1.S1-71P			· — <u>-</u>			
THE				L_I Delete	IIIL NAN	i				Change	Addition	
NAME STREET ADDRESS					•	ELI ADDRESS						
CITY-ST-ZIF						′-51- <i>1</i> 1₽						
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.												
]			W	1 X ,				4-19-	08			
SIGNAT	IURE: _	SIGNATURE AND THE	ED OR PRINTED NAI	ME OF SIGNING OFFICER	OR DIREC	TOR	<u></u>	Date		ne Phone #		