2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2007 08:00 A Secretary of State **DOCUMENT # M54373** MIAMI VIDEO ARTS, INC. Mailing Address Principal Place of Business 10207 SANDY RUN RD 10207 SANDY RUN RD JUPITER, FL 33478 US JUPITER, FL 33478 US CR2E034 (11/05) 01222007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-2820562 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, EDWARD B VP DO NOT WRITE 10207 SANDY RUN ROAD JUPITER, FL 33478 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE EYRES, ROBERT M. NAME 10207 SANDY RUN ROAD STREET ADDRESS JUPITER, FL CITY-ST-ZIP U000000716784 TITLE 04/30/07-80022-013 150.00 JONES, EDWARD B. NAME 10207 SANDY RUN ROAD STREET ADDRESS JUPITER, FL 33478. TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITL F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 rule 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 truetee 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 affect inke empowered.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

FILED