2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M80276

1. Entity Name
TOTAL VIDEO SERVICE, INC.

Principal Place of Business	Mailing Address
3501-120 SW ARCHER RD. GAINESVILLE, FL 32608 US	3501-120 SW ARCHER RD. GAINESVILLE, FL 32608 US

DO NOT WRITE IN THIS SPACE

06102004   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-2891318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOSEPH P. WILLIAMSON
10944 NW 32 PLACE
GAINESVILLE, FL 32606

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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_____

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMSON, JOSEPH P.
STREET ADDRESS	10944 NW 32 PLACE
CITY-ST-ZIP	GAINESVILLE, FL

TITLE	SD
NAME	WILLIAMSON, PAMELA S.
STREET ADDRESS	10944 NW 32 PLACE
CITY-ST-ZIP	GAINESVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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06/25/04-80001-017 558.75

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Joseph P Williamson_   6/18/04   352 338-1273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #