

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42134

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: VIDEO ARCHIVES, INC.

**Current Principal Place of Business:**

1235 S TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1235 S TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 65-0249135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHERMAN, ANNETTE  
340 S PALM AVE APT 120  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SCHERMAN, ANNETTE,  
Address: 340 S PALM AVE APT 120  
City-St-Zip: SARASOTA, FL 34236

Title: DVT ( ) Delete  
Name: WILHELM, JAN,  
Address: 340 S PALM AVE APT 120  
City-St-Zip: SARASOTA, FL 34236

Title: DS ( ) Delete  
Name: JOHNSON, ROBERT M.,  
Address: 27 SOUTH ORANGE AVE.  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: SORAN, SUZANN  
Address: 403 MEADOWLARK DRIVE  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE SCHERMAN

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date