


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000003879</b> 1. Entity Name <b>OMNIVISION INC.</b>	
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<b>Principal Place of Business</b> 1818 29TH AVENUE NORTH SAINT PETERSBURG, FL 33713 US	<b>Mailing Address</b> POST OFFICE BOX 14183 ST. PETERSBURG, FL 33733-4183 US
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**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SESLER, LINDA L 5916 5TH AVENUE NORTH APT. B3 SAINT PETERSBURG, FL 33710
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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.

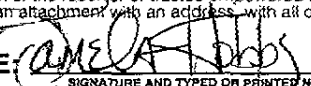
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	POD SESLER, LINDA L 5916 5TH AVENUE NORTH, APT. 3B SAINT PETERSBURG, FL 33710
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VMD HOBBS, PAMELA 5916 5TH AVENUE NORTH, APT. 3B SAINT PETERSBURG, FL 33710
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VTR EVERETT, JENNIFER 450 76TH AVENUE NORTH, APT. 302-E SAINT PETERSBURG, FL 33702
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	STR FARLEY, CARLOS 4579 54TH AVENUE NORTH SAINT PETERSBURG, FL 33714
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TT CULBRETH, MICHAEL 5230 11TH AVE SO GULFPORT, FL 33707
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

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04/27/04-80074-015 70.00

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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 617, 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.	
<b>SIGNATURE</b>  <b>PAMELA HOBBS, VMD</b>	<b>04-21-04</b> Date
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>727-459-4048</b> Daytime Phone #