

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90207 009 ****70.00

DOCUMENT # N97000003879

1. Entity Name
OMNIVISION INC.



Principal Place of Business
**1818 29TH AVENUE NORTH
SAINT PETERSBURG, FL 33713 US**

Mailing Address
**POST OFFICE BOX 14183
ST. PETERSBURG, FL 33733-4183 US**

60034568



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SESLER, LINDA L.
3916 5TH AVENUE NORTH
APT. B3
SAINT PETERSBURG, FL 33710**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Linda L. Sessler

Linda L. Sessler

4/19/06

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SESLER, LINDA L**
STREET ADDRESS **5916 5TH AVENUE NORTH, APT. 3B**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **HOBBS, PAMELA**
STREET ADDRESS **5916 5TH AVENUE NORTH, APT. 3B**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **EVERETT, JENNIFER**
STREET ADDRESS **450 76TH AVENUE NORTH, APT. 302-E**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **FARLEY, CARLOS**
STREET ADDRESS **4579 54TH AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33714**

TITLE **VD** ☒ Change ☐ Addition
NAME **FARLEY, CARLOS**
STREET ADDRESS **6410 23RD ST. SO., APT. 474**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE **VTD** ☐ Delete
NAME **CULBRETH, MICHAEL**
STREET ADDRESS **5230 11TH AVE SO**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE

PAMELA HOBBS

PAMELA HOBBS

4/19/06

727-459-4048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #