

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005847

1. Entity Name
WEDDING AND EVENT VIDEOGRAPHERS ASSOCIATION INTERNATIONAL, INC.



Principal Place of Business 8499 SOUTH TAMiami TRAIL PMB 208 SARASOTA, FL 34238	Mailing Address 8499 SOUTH TAMiami TRAIL PMB 208 SARASOTA, FL 34238
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1927162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILBERSTEIN, DAVID M
 720 SOUTH ORANGE AVENUE
 SARASOTA, FL 34236**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$81.25
 Due by May 1, 2008**

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

000000947223
 06/02/08-80006-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPMAN, ROY 8499 S TAMiami TRL, #208 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEBER, JACK 47778 BROWNER PLACE STERLING, VA 20165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELINSKY, EDWARD 1366 GRASSO BLVD NEW HAVEN, CT 06511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: David Chapman President 4/30/08 941-923-5334

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