2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 25, 2008 08:00 AN Secretary of State **DOCUMENT # P01000025767** VIDEO HEAT OF SAVANNAH, INC. Principal Place of Business Mailing Address 8112 WHITE BLUFF RD P.O. BOX 622094 SAVANNAH, GA 31406-3406 OVIEDO, FL 32762 CR2E034 (11/05) 02012008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2608195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEHMKUHL, RICHARD 2380 PINE MEADOWS CHULUOTTA, FL 32766 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TIT! F LEHMKUHL, RICHARD NAME STREET ADDRESS 2380 PINE MEADOWS PL CITY-ST-ZIP CHULUOTA, FL 32766 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 inclicated 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 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

CiTY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR