2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000028715

SPEEDWAY VIDEO, INC.



FILED Jan 09, 2008 08:00 AN Secretary of State

Principal Place of Business

3469 NE 169TH STREET NORTH MIAMI BEACH, FL 33160 Mailing Address

3469 NE 169TH STREET NORTH MIAMI BEACH, FL 33160



DO NOT WRITE IN THIS SPACE

| 01042008 | No Chg-P | CR2E034 (11/05) | | | |
|---------------|----------|-----------------|----------------|--|--|
| 4. FEI Number | * | | Applied For | | |
| 65-1088 | 3789 | | Not Applicable | | |
| | | | | | |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. | Na | ıme | and | Addr | 855 0 | f Curr | ent l | Regi | istore | rd A | gent | |
|--------|----|-----|-----|------|-------|--------|-------|------|--------|------|------|--|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SOULIAGUINE, EVGUENI **3469 NE 169TH STREET** NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | urpose of changing its registere | ed office or r | egistered agent, or bo | oth, in the State of Florida. I am t | amiliar with, and accept |
|---------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|--------------------------------|--------------------------------------|--------------------------|
| SIGNATURE | Signature, typed or printed name of registered agent and title i | applicable (NOTE: Registere | d Agent signature | required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00 | 9. Election Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | 4 1 1 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOULIAGUINE, EVGUENI 3469 NE 169TH STREET NORTH MIAMI BEACH, FL 33160 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 000000776088 01/09/08-80011-0 | 009 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | iN | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | , i |

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 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 empowered.

| CI. | ~1 | TI | ID | ᆮ. |
|-----|----|--------|----|----|

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR