2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State

		
DOCUMENT # P01000 1. Entity Name MCH VIDEO TECHNIQUES, IN		
Principal Place of Business 5013 NW 77TH CT POMPANO BEACH, FL 33073	Mailing Address 5013 NW 77TH CT POMPANO BEACH, FL 33073	

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DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CR2E034 (11/05)

65-1095119	Not Applicable
4. FEI Number	Applied For

			· · · · · ·		Fee Required
	6. Name and Address of Current Regist	tered Agent			
HERTZNER, MICHAEL 5013 NW 77TH CT POMPANO BEACH, FL 33073			DO NOT WRITE IN THIS SPACE		
8. The above	named entity submits this statement for the p	purpose of changing its rec	aistered office or re	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept
	ions of registered agent.			J .	
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable (NOTE: Re	gislered Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000839466 03/06/08=80008=017_150_00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERTZNER, MICHAEL 5013 NW 77TH CT POMPANO BEACH, FL 33073				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					
TITLE NAME STREET ADDRESS CITY: ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director					