


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000061784 1. Entity Name SOUTHERN VIDEO, INC.		
Principal Place of Business 279 CHURCHHILL DR LONGWOOD, FL 32779	Mailing Address P.O BOX 163191 ALTAMONTE SPRINGS, FL 32716	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARLISI, ROBERT F 279 CHURCHHILL DR LONGWOOD, FL 32779		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARLISI, ROBERT F 279 CHURCHHILL DR LONGWOOD, FL 32779	
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 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.		
SIGNATURE: <u>Robert F Carlisi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-5-07</u> <u>407-311-5308</u> <small>Date Daytime Phone #</small>



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3728949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/11/07-80025-014 150.00

**DO NOT WRITE
IN THIS SPACE**