## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000046582

Entity Name: SHOWTIME AUDIO & VIDEO INC.

MESQUITA, WALTER M

PEMBROKE PINES, FL 33025

1375 SW 101 STREET WAY-BL 6 APT 304

Name:

Address: City-St-Zip: FILED Jan 20, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4203 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 4203 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33146 FEI Number: 04-3676829 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MESQUITA, HELDER 16252 NW 20 STREET PEMBROKE PINES, FL 33028 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MESQUITA, HELDER Name: Name: 16252 NW 20 STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: Title: Title: () Delete () Change () Addition MESQUITA, LILIANA O Name: Name: 16252 NW 20 STREET Address: Address: PEMBROKE PINES, FL 33028 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LILIANA MESQUITA VD 01/20/2005