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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A PRO VIDEO, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P02000051402

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREG SCRIVENER  
Name of Contact Person

A PRO VIDEO, INC.  
Firm/Company

442 W. KENNEDY BLVD., SUITE 240  
Address

TAMPA, FL 33606  
City/State and Zip Code

GREG@APROVIDEO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG SCRIVENER at ( 813 ) 221-7490  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
2009 AUG 7 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2009

GREG SCRIVENER  
A PRO VIDEO, INC.  
442 W. KENNEDY BLVD., SUITE 240  
TAMPA, FL 33606

SUBJECT: A PRO VIDEO, INC.  
Ref. Number: P02000051402

We have received your document for A PRO VIDEO, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 209A00027908

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A PRO VIDEO, INC.
2. The principal office address: 442 W. KENNEDY BLVD., SUITE 240  
TAMPA, FL 33606
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/09/02 Document number: P02000051402

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GREG SCRIVENER

201 E. KENNEDY BLVD., SUITE 950

TAMPA, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GREG SCRIVENER

442 W. KENNEDY BLVD., SUITE 240

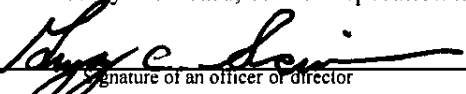
P.O. Box NOT acceptable

TAMPA, FL 33606

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

GREGORY C SCRIVENER, PSTD

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

08/12/09

Date

If signing on behalf of an entity:

GREG SCRIVENER

Typed or Printed Name

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)