

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90075 009 \*\*\*150.00

<b>DOCUMENT # P02000116290</b> 1. Entity Name <b>SHORT LINE VIDEOS, INC.</b>			
Principal Place of Business <b>16560 HUTCHINSON RD.</b> <b>APOPKA, FL 32703</b>		Mailing Address <b>16560 HUTCHINSON RD.</b> <b>APOPKA, FL 32703</b>	
2. Principal Place of Business <b>16560 HUTCHISON RD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>16560 HUTCHISON RD</b> Suite, Apt. #, etc.	
City & State <b>ODESSA, FL</b>		City & State <b>ODESSA, FL</b>	
Zip <b>33556</b> Country <b>USA</b>		Zip <b>33556</b> Country <b>USA</b>	
4. FEI Number <b>42-1556662</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KNOWLES, TIMOTHY A</b> <b>1205 MANATEE AVE W</b> <b>BRADENTON, FL 34205</b>		7. Name and Address of New Registered Agent Name <b>RICHARD CARLSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>16560 HUTCHISON RD</b> City <b>ODESSA</b> <b>FL</b> Zip Code <b>33556</b>	
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.</small>		<b>RICHARD CARLSON, PRES.</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CARLSON, RICHARD</b> <b>16560 HUTCHINSON RD.</b> <b>ODESSA, FL 33556</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:		<b>RICHARD CARLSON, PRES.</b> 3/10/04 813-792-5045	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	