

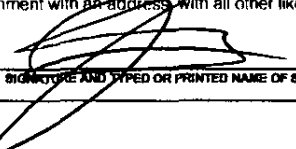


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000116290</b> 1. Entity Name SHORT LINE VIDEOS, INC.			
Principal Place of Business 16560 HUTCHISON RD ODESSA, FL 33556		Mailing Address 16560 HUTCHISON RD ODESSA, FL 33556	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01132008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 42-1556662 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CARLSON, RICAHRD 16560 HUTCHISON RD ODESSA, FL 33556		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reissuing) Signature, typed or printed name of registered agent and title if applicable.			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		DATE 01/17/08-80020-010 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLSON, RICHARD 16560 HUTCHINSON RD. ODESSA, FL 33556		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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<b>DO NOT WRITE IN THIS SPACE</b>			
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: 		RICHARD CARLSON 1/11/08 407-701-1617	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	