2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 08:00 AM **DOCUMENT # P02000132134 Secretary of State** YELLOW VIDEO, CORP. Principal Place of Business Mailing Address 5378-B WEST 12TH AVE. 5378-B WEST 12TH AVE. HIALEAH, FL 33012 HIALEAH, FL 33012 No Chg-P CR2E034 (10/03) 02152005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0758578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORALES, JOSE R. DO NOT WRITE 5378-B WEST 12TH AVE. HIALEAH, FL 33012 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Electron Campaign Financing U00000328231 FILE NOWILL FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 04/25/05-80068-017 150.00 OFFICERS AND DIRECTORS 10. TITLE MORALES, JOSE R NAME STREET ADDRESS 5378-B WEST 12TH AVE. HIALEAH, FL 33012 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 suppliemental apport Strue 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 employee the 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: _

NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-05 1305)821-9200

FILED