FILED
Jun 07, 2004 8:00 am
Secretary of State

04-26-2004 91104 001 ***300.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000046157

1. Entity Name
T VID, INC.

[redacted]

Principal Place of Business
~~3201 NW 64TH STREET~~
~~FT. LAUDERDALE, FL 33309~~

Mailing Address
~~3201 NW 64TH STREET~~
~~FT. LAUDERDALE, FL 33309~~

04152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 1516 NE 4th AVE	Suite, Apt. #, etc. 13354 ORANGE GRV. BLVD.
City & State	City & State W. Palm Bch FL
Zip 33304 Country	Zip 33411 Country

4. FEI Number 13-4249898 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWITT, STUART 441 S STATE ROAD 7 #15 MARGATE, FL 33068	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOG, THOMAS ~~3201 NW 64TH STREET~~ 13354 ORANGE GRV BLVD ~~FT. LAUDERDALE, FL 33309~~ W. Palm Bch Fl. 33411 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Pres. (THOMAS F. SCOG) 4-19-4 561-422-3853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #