2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

Jan 07, 2004 8:00 am Secretary of State **DOCUMENT # P03000049826** 01-07-2004 90030 020 ***158.75 FOCÚS ON VIDEO, INC. Principal Place of Business Mailing Address 10300 NW 49TH COURT 10300 NW 49TH COURT CORAL SPRINGS, FL 33076 US CORAL SPRINGS, FL 33076 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 57-1165942 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LADEWSKI, CHESTER T JR. Street Address (P.O. Box Number is Not Acceptable) 10300 NW 49TH COURT CORAL SPRINGS, FL 33076 City Zip Code FL 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 \$5.00 May Be \Box Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detete TITLE ☐ Chance Addition TITLE NAMÉ LADEWSKI, CHESTER T JR. STREET ADDRESS 10300 NW 49TH COURT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition LADEWSKI, COLLEEN C NAME NAME 10300 NW 49TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL SPRINGS, FL 33076 CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI-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 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.

Chester Ladewski

G OFFICER OR DIRECTOR

01/05/2004

Date

(954) 647-1677

Daytime Phone #

FILED