

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000055912

1. Entity Name
PEDIAVISION, INC.



Principal Place of Business
**500 NE 2ND STREET
POMPANO BEACH, FL 33060**

Mailing Address
**500 NE 2ND STREET
POMPANO BEACH, FL 33060**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1667438

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARNOLD, STEPHEN S DR.
500 NE 2ND STREET
POMPANO BEACH, FL 33060**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CMO
NAME	SCHECHTER, BARRY A MD
STREET ADDRESS	7814 TENNYSON CT
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	COO
NAME	ARNOLD, STEPHEN S OD
STREET ADDRESS	500 NE 2ND ST
CITY-ST-ZIP	POMPANO, FL 33060
TITLE	CEO
NAME	KENDELL, LESLIE
STREET ADDRESS	5 GOODWIN RD
CITY-ST-ZIP	GLOUCESTER, MA 01930
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/05-80067-010 158.75

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IN THIS SPACE**

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: *Dr. Stephen S. Arnold* *President, COO* *4/27/05* *(954) 560-9635*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DR. STEPHEN S. ARNOLD *President, COO*