


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90016 027 ***150.00

DOCUMENT # P03000076005					
1. Entity Name FIRST CHOICE VIDEO CONFERENCING, INC					
Principal Place of Business 111 NORTH ORANGE AVENUE 1060 ORLANDO, FL 32801			Mailing Address 111 NORTH ORANGE AVENUE 1060 ORLANDO, FL 32801		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0079742	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAYAS, KIRSTY E 111 NORTH ORANGE AVENUE 1060 ORLANDO, FL 32801			7. Name and Address of New Registered Agent 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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
PAYAS, KIRSTY E 111 NORTH ORANGE AVENUE SUITE 1060 ORLANDO, FL 32801		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
SHAR ALVAREZ, BARBARA 2525 TUSCARORA TRAIL MAITLAND, FL 32751		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
SHAR ALVAREZ, BARBARA 2525 TUSCARORA TRAIL MAITLAND, FL 32751		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
SHAR ALVAREZ, BARBARA 2525 TUSCARORA TRAIL MAITLAND, FL 32751		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
SHAR ALVAREZ, BARBARA 2525 TUSCARORA TRAIL MAITLAND, FL 32751		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
SHAR ALVAREZ, BARBARA 2525 TUSCARORA TRAIL MAITLAND, FL 32751		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
KIRSTY E IVAN 111 NORTH ORANGE AVENUE SUITE 1060 ORLANDO, FL 32801		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
SHAR ALVAREZ, BARBARA 2525 TUSCARORA TRAIL MAITLAND, FL 32751		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
SHAR ALVAREZ, BARBARA 2525 TUSCARORA TRAIL MAITLAND, FL 32751		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
SHAR ALVAREZ, BARBARA 2525 TUSCARORA TRAIL MAITLAND, FL 32751		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Kirsty E. Ivan</i>				2-1704 407-830-9044	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	