

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90017 011 ***158.75

DOCUMENT # P03000084556 1. Entity Name CINEMA VIDEO CORPORATION																																			
Principal Place of Business 2401 E ATLANTIC BLVD STE 314 POMPANO BEACH, FL 33062		Mailing Address 2401 E ATLANTIC BLVD STE 314 POMPANO BEACH, FL 33062																																	
2. Principal Place of Business 2 S. UNIVERSITY DR. Suite, Apt. #, etc. 328		3. Mailing Address 2 S. UNIVERSITY DR. Suite, Apt. #, etc. 328																																	
City & State Plantation FL		City & State Plantation FL																																	
Zip 33324		Zip 33324																																	
Country USA		Country USA																																	
4. FEI Number 75-3126660		Applied For <input checked="" type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent PARADISO, DON A ESQ 2401 E ATLANTIC BLVD STE 314 POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name 2 S. UNIVERSITY DRIVE # 328 City Plantation FL 33324																																	
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: <u><i>Don A. Paradiso</i></u> DATE: <u>010405</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> D PARADISO, DON A 2401 E ATLANTIC BLVD STE 314 POMPANO BEACH, FL 33062 </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARADISO, DON A 2401 E ATLANTIC BLVD STE 314 POMPANO BEACH, FL 33062		<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 SOUTH UNIVERSITY DR. # 328 Plantation FL 33324 </td> </tr> <tr><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 SOUTH UNIVERSITY DR. # 328 Plantation FL 33324		<input type="checkbox"/> Change <input type="checkbox"/> Addition												
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARADISO, DON A 2401 E ATLANTIC BLVD STE 314 POMPANO BEACH, FL 33062																																		
	<input type="checkbox"/> Delete																																		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 SOUTH UNIVERSITY DR. # 328 Plantation FL 33324																																		
	<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: <u><i>Don A. Paradiso</i></u> DATE: <u>010405</u> DAYTIME PHONE: <u>954-370-4913</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			