

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041600

Entity Name: ETVPD, INC.

FILED  
Mar 01, 2009  
Secretary of State

## Current Principal Place of Business:

4530 HOFFNER AVENUE  
ORLANDO, FL 32812

## New Principal Place of Business:

## Current Mailing Address:

1 BROOKSIDE AVENUE  
WORCESTER, MA 01602 US

## New Mailing Address:

FEI Number: 74-3117767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STONE, STEPHEN M  
725 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAO, TRUNG  
Address: 1 BROOKSIDE AVENUE  
City-St-Zip: WORCESTER, MA 01602 US

Title: VP ( ) Delete  
Name: CAO, HUNG  
Address: 1 BROOKSIDE AVENUE  
City-St-Zip: WORCESTER, MA 01602 US

Title: S ( ) Delete  
Name: CAO, TRUNG  
Address: 1 BROOKSIDE AVE  
City-St-Zip: WORCESTER, MA 01602 US

Title: T ( ) Delete  
Name: CAO, HUNG  
Address: 1 BROOKSIDE AVENUE  
City-St-Zip: WORCESTER, MA 01602 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRUNG M CAO

PD

03/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date