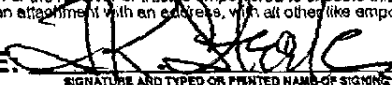


FILED
Mar 27, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000091574		
1. Entity Name MOVING MEMORIES VIDEO, INC		
Principal Place of Business 900 NW 5TH AVENUE FT. LAUDERDALE, FL 33311		Mailing Address 900 NW 5TH AVENUE FT. LAUDERDALE, FL 33311
DO NOT WRITE IN THIS SPACE		
		
03222006 No Chg-P CR2E034 (11/05)		
4. FBI Number NOT APPLICABLE		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STEELE, JR 900 NW 5TH AVENUE FT. LAUDERDALE, FL 33311		DO NOT WRITE 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 _____ 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEELE, JR 900 NW 5TH AVENUE FT. LAUDERDALE, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAAN, JULIE 900 NW 5TH AVENUE FT. LAUDERDALE, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		3/24/06 954-592-4724 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		