## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED **DOCUMENT # P04000091976** K-BAY-LEJEUNE VIDEO, INC. 2007 OCT -4 AM 10: 09 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 49 CAYMAN PL ONE STAFFORD STREET PALM BEACH GARDENS, FL 33418 SPRINGFIELD, MA 01104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09122007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 04-3250237 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVINE, ALAN Street Address (P.O. Box Number is Not Acceptable) 49 CAYMAN PL PALM BEACH GARDENS, FL 33418 City 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change ☐ Addition MURPHY, SHARON L NAME NAME 1619 STREET ADDRESS 1623 3 AVE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY CITY-ST-ZIP 10178 N Change TITLE ☐ Delete TITLE \_\_\_ Addition LEVINE, JASON T NAME NAME STREET ADDRESS 220 F 63 ST STREET ADDRESS 1660 Walnut St NEW YORK, NY CITY-ST-ZIP CITY - ST - ZIP 94070 San Carlos TITLE Delete TITLE Change ☐ Addition LEVINE, DAVID B NAME NAME STREET ADDRESS 517 REGAL STREET ADDRESS 29600 Edgedale Rd CITY-ST-7P LIVINGSTON, NJ CITY-ST-ZIP Pepper Pike, OH 44124 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 00 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-2IP I hereby certify that the information supplied with this filling 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 pther like empowered. SIGNATURE: Y SIGNATURE AND TYPED OR OFFICER OR DIRECTOR Date