

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000091976

1. Entity Name
K-BAY-LEJEUNE VIDEO, INC.



Principal Place of Business
49 CAYMAN PL
PALM BEACH GARDENS, FL 33418

Mailing Address
ONE STAFFORD STREET
SPRINGFIELD, MA 01104

FILED
Aug 22, 2008 08:00 AM
Secretary of State



08122008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3250237

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVINE, ALAN
49 CAYMAN PL
PALM BEACH GARDENS, FL 33418

**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 _____ U00000958240
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 08/22/08-80004-025.150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURPHY, SHARON L
STREET ADDRESS 1619 3RD AVENUE
CITY-ST-ZIP NEW YORK, NY 10128

TITLE TD
NAME LEVINE, JASON T
STREET ADDRESS 1660 WALNUT ST
CITY-ST-ZIP SAN CARLOS, CA 94070

TITLE SD
NAME LEVINE, DAVID B
STREET ADDRESS 29600 EDGEDALE RD
CITY-ST-ZIP PEPPER PIKE, OH 44124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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: ✓ Alan E. Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/08 973 951 6334
Date Daytime Phone #