

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

27.

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-26-2008 90006 019 ***150.00

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1. Entity Name

MAJOR VIDEO CONCEPTS INC.



Principal Place of Business

2149 NW 22ND ST
POMPAÑO BEACH, FL 33069

Mailing Address

2149 NW 22ND ST
POMPAÑO BEACH, FL 33069

66003433



02082008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-1414787

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

SMILOVIC, EZRA
2149 NW 22ND STREET
POMPAÑO BEACH, FL 33069

**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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
SMILOVIC, EZRA
1770 RIPLEY RUN
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/08 954-917-9343