


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90021 043 ***150.00

DOCUMENT # P04000134813
 1. Entity Name
SENSATIONAL VIDEO INC



Principal Place of Business Mailing Address
701 SW 27TH AVE STE 1209 **701 SW 27TH AVE STE 1209**
MIAMI, FL 33135 **MIAMI, FL 33135**

60023058



03312008 No Chg-P CR2E034 (11/05)

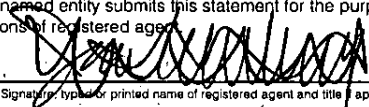
DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 20-1707186 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
MAIDBREY, JESSE
701 SW 27TH AVE STE 1209
MIAMI, FL 33135

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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:  DATE: **3/31/08**

Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | P |
| NAME | MAIDBREY, JESSE |
| STREET ADDRESS | 2 GROVE ISLE #502 |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |

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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:  Date: **3/31/08** Daytime Phone #: **(305) 642-8833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR