

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90005 002 \*\*\*158.75

**DOCUMENT # P04000170189**

1. Entity Name

LEGAL VIDEO & MEDIA SPECIALISTS, INC.



Principal Place of Business

1110 S.E. BUTTONWOOD CIRCLE  
STUART FL 34997

Mailing Address

P.O. BOX 687  
STUART FL 34995

2. Principal Place of Business - No P.O. Box #

611 S FED. Hwy. Ste. B

3. Mailing Address

Suite, Apt. #, etc.

City & State

STUART FL

City & State

Zip  
34994

Country  
USA

Zip

Country

4. FEI Number

20-2029363

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

YOUNG, DEBRA A  
1110 S.E. BUTTONWOOD CIRCLE  
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title, if applicable.

(NOTE: Registered Agent signature required when removing agent)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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,VP  
YOUNG, DEBRA A  
1110 S.E. BUTTONWOOD CIRCLE  
STUART FL 34997 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S,  
YOUNG, DEBRA A  
1110 S.E. BUTTONWOOD CIRCLE  
STUART FL 34997 ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Debra Youngs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-08

772-287-8881

Date

Daytime Phone #