2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04630

Entity Name: VIDEOTEL, INC.

FILED Feb 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2735 VIA ORANGE WAY #103 681 ANITA STREET SPRING VALLEY, CA 919781749 SUITE 104

CHULA VISTA, CA 91911

Current Mailing Address: New Mailing Address:

2735 VIA ORANGE WAY #103 681 ANITA STREET

SPRING VALLEY, CA 919781749 SUITE 104

CHULA VISTA, CA 91911

FEI Number: 86-0420949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: SCHNEIDER, NORBERT, Name: SCHNEIDER, NORBERT,

 Address:
 2735 VIA ORANGE #103
 Address:
 681 ANITA STREET #104

 City-St-Zip:
 SPRING VALLEY, CA 91978
 City-St-Zip:
 CHULA VISTA, CA 91911

Title: STD () Delete Title: STD (X) Change () Addition
Name: SCHNFIDER CATHERINE Name: SCHNFIDER CATHERINE

Name:SCHNEIDER, CATHERINE,Name:SCHNEIDER, CATHERINE,Address:%2735 VIA ORANGE #103Address:681 ANITA STREET #104City-St-Zip:SPRING VALLEY, CACity-St-Zip:CHULA VISTA, CA 91911

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 MARK SCHNEIDER, MARK,
 Name:
 SCHNEIDER, MARK,

 Address:
 %2735 VIA ORANGE #103
 Address:
 681 ANITA STREET #104

 City-St-Zip:
 SPRING VALLEY, CA
 City-St-Zip:
 CHULA VISTA, CA 91911

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORBERT SCHNEIDER PD 02/22/2008