

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028973

Entity Name: MIDNIGHT VIDEO INC.

FILED  
Apr 29, 2006  
Secretary of State

## Current Principal Place of Business:

2640 DESOTO BLVD N  
NAPLES, FL 34120

## New Principal Place of Business:

4939 RATTLESNAKE HAMMOCK RD  
NAPLES, FL 34113

## Current Mailing Address:

2640 DESOTO BLVD N  
NAPLES, FL 34120

## New Mailing Address:

4939 RATTLESNAKE HAMMOCK RD  
NAPLES, FL 34113

FEI Number: 20-2402552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTILLO, LIDA  
2640 DESOTO BLVD N  
NAPLES, FL 34120 US

## Name and Address of New Registered Agent:

CASTILLO, LIDA  
4939 RATTLESNAKE HAMMOCK RD  
NAPLES, FL 34113 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: LIDA CASTILLO

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CASTILLO, LIDA  
Address: 2640 DESOTO BLVD N  
City-St-Zip: NAPLES, FL 34120

Title: STD ( ) Delete  
Name: AGULLO, BARBARA  
Address: 2640 DESOTO BLVD N  
City-St-Zip: NAPLES, FL 34120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CASTILLO, LIDA  
Address: 4939 RATTLESNAKE HAMMOCK RD  
City-St-Zip: NAPLES, FL 34113

Title: STD (X) Change ( ) Addition  
Name: AGULLO, BARBARA  
Address: 4939 RATTLESNAKE HAMMOCK RD  
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the 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: LIDA CASTILLO

PD

04/29/2006

Electronic Signature of Signing Officer or Director

Date