

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/23

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-23-2007 90041 011 ***150.00

DOCUMENT # P05000088076	
1. Entity Name ACTION VIDEO PRODUCTIONS, INC.	
Principal Place of Business 940 HARBORVIEW NORTH- HOLLYWOOD, FL 33019	Mailing Address 940 HARBORVIEW NORTH- HOLLYWOOD, FL 33019
ACTION VIDEO PRODUCTIONS 4000 HOLLYWOOD BLVD SUITE 145 SOUTH TOWER HOLLYWOOD, FL 33021 (954) 985-4077	ACTION VIDEO PRODUCTIONS 4000 HOLLYWOOD BLVD SUITE 145 SOUTH TOWER HOLLYWOOD, FL 33021 (954) 985-4077
DO NOT WRITE IN THIS SPACE	

66001928



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3809115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
ROBINS, BRETT 940 HARBORVIEW NORTH- HOLLYWOOD, FL 33019	ACTION VIDEO PRODUCTIONS 4000 HOLLYWOOD BLVD SUITE 145 SOUTH TOWER HOLLYWOOD, FL 33021 (954) 985-4077

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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 _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PRES	4000 HOLLYWOOD BLVD SUITE 145 SOUTH TOWER HOLLYWOOD, FL 33021 (954) 985-4077
NAME ROBINS, BRETT	
STREET ADDRESS 940 HARBORVIEW NORTH- HOLLYWOOD, FL 33019	
CITY-ST-ZIP HOLLYWOOD, FL 33019	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: BRETT **2.15.07 954.985.4077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #