

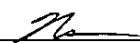


**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90351 043 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000100481</b>			
1. Entity Name HB VIDEO, INC.			
Principal Place of Business 8845 BOARDWALK TRAIL DR., APT. 811D TEMPLE TERRACE, FL 33637		Mailing Address 8845 BOARDWALK TRAIL DR., APT. 811D TEMPLE TERRACE, FL 33637	
2. Principal Place of Business 8445 Boardwalks Trail Dr Suite, Apt. #, etc. 811D City & State Temple Terrace, FL Zip 33637		3. Mailing Address 8445 Boardwalks Trail Dr. Suite, Apt. #, etc. 811D City & State Temple Terrace, FL Zip 33637	
03292006 Chg-P CR2E034 (11/05)			
4. FEI Number 20-3198405		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 BENT, NEDDROY 8845 BOARDWALK TRAIL DR., APT. 811D TEMPLE TERRACE, FL 33637		7. Name and Address of New Registered Agent Name Neddroy Bent Street Address (P.O. Box Number is Not Acceptable) 8445 Boardwalks Trail Dr Apt 811D City Temple Terrace FL Zip Code 33637	
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 Neddroy Bent Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENT, NEDDROY 8845 BOARDWALK TRAIL DR., APT. 811D TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bent, Neddroy 8445 Boardwalk Trail Dr Apt 811D Temple Terrace, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODDY, WAYNE 1300 BEACH TRAIL INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Roddy, Wayne 11616 Colony Lake Dr. Tampa, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZIER, ANTHONY 4626 LIGHTHOUSE CIR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bozier, Anthony P.O. Box 616241 Orlando, FL 32861 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEIL, ANWAR 6002 PALM SHADOW WAY, APT. 1233 TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McNeil, Anwar 19416 Via Del Mar Apt 302 Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/10/06 813-781-6129 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			