2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100481

Entity Name: HB VIDEO, INC

FILED Apr 30, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

8445 BOARDWALK TRAIL DR., APT. 811D 2028 E. BEARSS AVE TEMPLE TERRACE, FL 33637

1116

TAMPA, FL 33613

Current Mailing Address: New Mailing Address:

9481 HIGHLAND OAK DRIVE 8445 BOARDWALK TRAIL DR., APT. 811D

UNIT 1610 TEMPLE TERRACE, FL 33637

TAMPA, FL 33647

FEI Number: 20-3198405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BENT, NEDDROY BENT, NEDDROY E 4845 BOARDWALK TRAIL DR., APT. 811D 2028 É. BEARSS AVE TEMPLE TERRACE, FL 33637 1116 TAMPA, FL 33613 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: NEDDROY EUGENE BENT

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

04/30/2007

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

BENT, NEDDROY Name: Name: BENT, NEDDROY

8445 BOARDWALK TRAIL DR., APT 811D 2028 E. BEARSS AVE. APT 1116 Address: Address:

City-St-Zip: TEMPLE TERRACE, FL 33637 City-St-Zip: TAMPA, FL 33613

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

Name: RODDY, WAYNE Name: MCNEIL. ANWAR

11616 COLONY LAKE DR 9481 HIGHLAND OAK DRIVE UNIT 1610 Address: Address:

TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33635 City-St-Zip:

() Delete Title: Title: () Change () Addition

ROZIER, ANTHONY Name: Name: P.O. BOX 616241 Address: Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip:

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

MCNEIL, ANWAR Name: Name: Address: 19416 VIA DEL MOR APT 302 Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip:

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: NEDDROY EUGENE BENT PD 04/30/2007