## 2007 FOR PROFIT CORPORATION ✓AÑNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P05000159091**

1. Entity Name

SPORTSCAM VIDEO SYSTEMS, INC.



**FILED** Apr 09, 2007 08:00 A Secretary of State

Principal Place of Business

1404 SOUTH TUTTLE AVENUE SARASOTA, FL 34239

Mailing Address

1404 SOUTH TUTTLE AVENUE SARASOTA, FL 34239



01182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-4068076

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRTLEY, WILLIAM T 1776 RINGLING BLVD. SARASOTA, FL 34236

## DO NOT WRITE IN THIS SDACE

|                                                                                                                                                                                                                               |                                                             |                                                         |     | 114                            | THIS SPACE                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|-----|--------------------------------|-------------------------------------------|
| 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                                                                                                                                                                                                                     |                                                             |                                                         |     |                                |                                           |
|                                                                                                                                                                                                                               | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00 | Election Campaign Financin     Trust Fund Contribution, | 9 🗆 | \$5.00 May Be<br>Added to Fees |                                           |
| 10.                                                                                                                                                                                                                           | OFFICERS AND DIREC                                          | TORS                                                    |     |                                | •                                         |
| NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                               | SWAIN, MICHAEL M<br>3829 COLVER LN<br>SARASOTA, FL 34233    |                                                         |     |                                | U00000695102<br>04/17/07-80047-002 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         | V<br>SWAIN, TONY<br>2605 BAY ST<br>SARASOTA, FL 34237       |                                                         |     |                                | 3 W 1 W 31 330 W 33E 133 33               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                             |                                                         |     | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                             |                                                         |     | IN                             | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                             |                                                         |     |                                |                                           |
| TITLE NAME STREET ADDRESS CITY-ST-7HP                                                                                                                                                                                         |                                                             |                                                         |     |                                | ·                                         |

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