

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000027933

Entity Name: DC VIDEO COM, INC.

FILED
Jul 31, 2008
Secretary of State

Current Principal Place of Business:

5019 FERNCREST DR.
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

5019 FERNCREST DR.
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-4381381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANTANA, MATILDE
5019 FERNCREST DR.
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTANA, MATILDE
Address: 5019 FERNCREST DR.
City-St-Zip: WINTER PARK, FL 32792

Title: V () Delete
Name: VILLARROEL, OMAR
Address: 676 NEWBURYPORT AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: VILLARROEL, MAGNO
Address: 676 NEWBURYPORT AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete
Name: VILLARROEL, EDWARD
Address: 676 NEWBURYPORT AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: VILLARROEL, HENRY
Address: 676 NEWBURYPORT AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: VILLARROEL, LIRIO
Address: 676 NEWBURYPORT AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MATILDE SANTANA

PRES

07/31/2008

Electronic Signature of Signing Officer or Director

Date