

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90206 032 \*\*\*150.00

<b>DOCUMENT # P06000057123</b>					
<b>1. Entity Name</b> STARDUST VIDEO, INC.					
<b>Principal Place of Business</b> 1422 CAPE CORAL PARKWAY, EAST CAPE CORAL, FL 33904 US			<b>Mailing Address</b> 1422 CAPE CORAL PARKWAY, EAST CAPE CORAL, FL 33904 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1424 Cape Coral Parkway East C/O		<b>3. Mailing Address</b> JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906			
Suite, Apt. #, etc.		Suite, Apt. #			
<b>City &amp; State</b> Cape Coral, FL 33904		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-4737274	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GRECO, GARY F 426 SE 21ST STREET CAPE CORAL, FL 33990			<b>7. Name and Address of New Registered Agent</b>  JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature of agent or printed name of registered agent and title if applicable (if not a registered agent signature required when registering)</small> <span style="float: right;">DATE _____</span>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P.S.T.D	<b>NAME</b> Donald J. Holmes		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1424 Cape Coral Pkwy E.	Cape Coral, FL 33904		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	Cape Coral, FL 33904		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____			4-24-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		