

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083464

FILED
Feb 19, 2011
Secretary of State

Entity Name: FLORIDA VIDEO TECHNOLOGIES, INC.

Current Principal Place of Business:

10770 SW WATERWAY LANE
PORT ST LUCIE, FL 34987 US

New Principal Place of Business:

10380 SW VILLAGE CTR DRIVE
#102
PORT ST LUCIE, FL 34987 US

Current Mailing Address:

10380 SW VILLAGE CTR DR.
102
PORT ST LUCIE, FL 34987 US

New Mailing Address:

10380 SW VILLAGE CTR DRIVE
#102
PORT ST LUCIE, FL 34987 US

FEI Number: 86-1170501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACPHEE, KENNETH
10770 SW WATERWAY LANE
PORT ST LUCIE, FL 34987 US

Name and Address of New Registered Agent:

MACPHEE, KENNETH
10380 SW VILLAGE CTR DRIVE
#102
PORT ST LUCIE, FL 34987 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: KENNETH MACPHEE

02/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR.
Name: MACPHEE, KENNETH B
Address: 10770 SW WATERWAY LANE
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: VP
Name: MACPHEE, KENNETH B
Address: 10770 SW WATERWAY LANE
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: S
Name: MACPHEE, KENNETH B
Address: 10770 SW WATERWAY LANE
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: T
Name: MACPHEE, KENNETH B
Address: 10770 SW WATERWAY LANE
City-St-Zip: PORT ST LUCIE, FL 34987 US

I hereby 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 all other like empowered.

SIGNATURE: KENNETH MACPHEE

MR.

02/19/2011

Electronic Signature of Signing Officer or Director

Date