

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007225

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: VIDEOGLOBETROTTER, INC.

## Current Principal Place of Business:

5970 SW 18TH STREET  
SUITE 309  
BOCA RATON, FL 33433

## New Principal Place of Business:

## Current Mailing Address:

5970 SW 14TH STREET  
SUITE 309  
BOCA RATON, FL 33433

## New Mailing Address:

5970 SW 18 STREET  
SUITE 309  
BOCA RATON, FL 33433

FEI Number: 33-1153846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LACKNER, EDMUND K  
460 SOUTH OCEAN DRIVE  
DEERFIELD BEACH, FL 33441 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LIBERMAN, JILL  
Address: 5970 SW 14TH STREET SUITE 309  
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete  
Name: LACKNER, EDMUND K  
Address: 460 SOUTH OCEAN DRIVE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP ( ) Delete  
Name: SHANBRON, STANLEY  
Address: 5970 SW 18TH STREET SUITE 309  
City-St-Zip: BOCA RATON, FL 33433

## 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:

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: EDMUND K. LACKNER

VP

04/22/2009

Electronic Signature of Signing Officer or Director

Date