



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P92000001479 1. Entity Name SOUTHERN VIDEO OF CHARLOTTE COUNTY, INC.						FILED 05 AUG 19 PM 2: 22 TALLAHASSEE, FLORIDA 	
Principal Place of Business 24123 PEACHLAND BLVD UNIT # 4 PORT CHARLOTTE, FL 33954				Mailing Address 24123 PEACHLAND BLVD UNIT # 4 PORT CHARLOTTE, FL 33954			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0364306				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CALCARA, KRISTINE 26097 TEMPLAR LANE PUNTA GORDA, FL 33983				7. Name and Address of New Registered Agent Name JAMES MARABELLA Street Address (P.O. Box Number is Not Acceptable) 25100 Sandhill Blvd E202 City Punta Gorda FL Zip 33983			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
P MARABELLA, DIANE 26097 TEMPLAR LANE PUNTA GORDA, FL 33983				PRESIDENT JAMES MARABELLA 25100 Sandhill Blvd E202 Punta Gorda FL 33983			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				500058904425 08/24/05--01005--002 **\$1.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without other like empowered.

SIGNATURE: Diane Marabella Diane Marabella PLES: 8-18-05 941 457-0770