# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004**
**Secretary of State**

DOCUMENT# P93000017030

**Entity Name:** PROFESSIONAL VIDEO RESOURCES, INC.

**Current Principal Place of Business:**

6486 S. WINDWOOD HILLS CIR
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15184
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number: 59-3238398** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYRD, HAROLD E SR
6486 S. WINDWOOD HILLS CIR
TALLAHASSEE, FL 32311 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: BYRD, HAROLD E
Address: 6486 S. WINDWOOD HILLS CIR
City-St-Zip: TALLAHASSEE, FL 32311

Title: V ( ) Delete
Name: WEBSTER, JOSEPH SR.,
Address: 1214 N MAGONLIA
City-St-Zip: TALLAHASSEE, FL 32308

Title: BM ( ) Delete
Name: JOHNSON, CLEMON J JR
Address: ROUTE 4 BOX 4088
City-St-Zip: MONTICELLO, FL

Title: S ( ) Delete
Name: BYRD, CLINTON F
Address: 6486 S. WINDWOOD HILLS CIR
City-St-Zip: TALLAHASSEE, FL 32311

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition
Name: WEBSTER, JOSEPH L SR.
Address: 1214 N MAGONLIA
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: T (X) Change ( ) Addition
Name: BYRD, CLINTON F
Address: 6486 S. WINDWOOD HILLS CIR
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP ( ) Change (X) Addition
Name: BYRD, MICHAEL J
Address: 2724 BEDFORD WAY
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HAROLD E. BYRD, SR. P 04/30/2004

Electronic Signature of Signing Officer or Director — Date