


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000017872**  
 1. Entity Name  
**ERDMAN VIDEO SYSTEMS, INC.**



Principal Place of Business 8895 SW 129 STREET MIAMI, FL 33176	Mailing Address 8895 SW 129 STREET MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0393948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ERDMAN, M R  
 8895 SW 129 STREET  
 MIAMI, FL 33176

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERDMAN, M R 8895 SW 129 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ERDMAN, M R 8895 SW 129 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WEAVER, CHRISTINE M 8895 SW 129 STREET MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/24/07-80043-009 150.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** *Christine Weaver* **Christine Weaver** 1/18/07 3052529560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #