

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026027

FILED  
Jan 29, 2004  
Secretary of State

Entity Name: NETWORK VIDEO & ENTERTAINMENT, INC.

## Current Principal Place of Business:

405 RACETRACK RD NE  
STE 101  
FT. WALTON BCH., FL 32547

## New Principal Place of Business:

## Current Mailing Address:

405 RACETRACK RD NE  
STE 101  
FT. WALTON BCH., FL 32547

## New Mailing Address:

FEI Number: 59-3178287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRI, DAN  
4 ELEVENTH AVENUE  
SUITE 1  
SHALIMAR, FL 32579

## 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: PCD ( ) Delete  
Name: NEWTON, MITCHELL  
Address: 405 RACETRACK RD NE STE 101  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: STD ( ) Delete  
Name: TURNER, GARY  
Address: 405 RACETRACK RD NE STE 101  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VD ( ) Delete  
Name: MCKNIGHT, DON  
Address: 405 RACETRACK RD NE STE 101  
City-St-Zip: FORT WALTON BEACH, FL 32547

## 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 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: MTICHELL NEWTON

PCD

01/29/2004

Electronic Signature of Signing Officer or Director

Date