

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90007 050 ***550.00

DOCUMENT # P94000038820



1. Entity Name
ANTS VIDEO CORPORATION

Principal Place of Business
**600 NORTH STATE RD 7
STE 62
HOLLYWOOD, FL 33021 US**

Mailing Address
**1157 SWEETWATER RD
SPRING VALLEY, CA 91-9777 US**

44049601



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
65-0485251

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, JOSEPH F
250 BIRD ROAD
SUITE 302
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	PSTD WIENER, STEVEN 250 BIRD ROAD #302 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDRUS, W.H. 250 BIRD RD #302 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: W.H. Andrus **William H. Andrus** 7/9/04 (305) 444-4375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joseph F. Lopez
ATTORNEY AT LAW

Attachments
44049601

250 BIRD ROAD - SUITE #302
CORAL GABLES, FLORIDA 33146

TELEPHONE: (305) 444-4375
FACSIMILE: (305) 444-1562

E-Mail: lawlopez@bellsouth.net

July 21, 2004

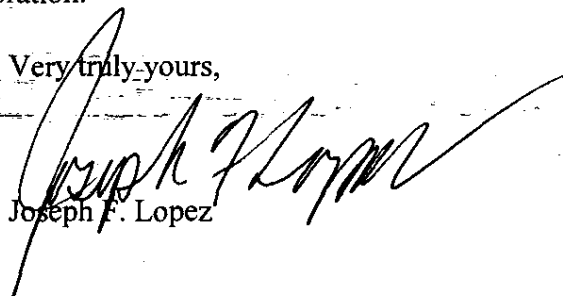
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Ants Video Corporation
P94000038820
Reinstatement

Dear Sir or Madam:

Enclosed herewith is my client's check in the amount of \$550.00 for the reinstatement and annual report fee for the above mentioned corporation.

Very truly yours,


Joseph F. Lopez

JFL/lis

cc; William Andrus