


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

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| DOCUMENT # P94000038820 |  |
| 1. Entity Name ANTS VIDEO CORPORATION | |

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|--|---|
| 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 |
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0485251 | 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

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

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD WIENER, STEVEN 250 BIRD ROAD #302 CORAL GABLES, FL 33146 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ANDRUS, W.H. 250 BIRD RD #302 CORAL GABLES, FL 33146 |
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05/01/07-80140-008 150.00

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: Steve Wiener **Steve Wiener** 4-1807 ⁽⁶¹⁹⁾ 425-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #