

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF STATE
George B. Mathews
Secretary of State
100 South Bronson Street, Suite 1000
Tampa, Florida 33602

APPROVED
AND
FILED

95 MAY - 1 AM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077147 (4)

$$1. \quad 1 + x^2 + x^4 + x^6 + x^8$$

NORTH VIDEO CONCEPTS, INC.

President/Chairman of Directors		Address of Business		Date Incorporated or Qualified		Date of Last Report	
7925 N.W. 12TH ST. SUITE 324 MIAMI FL 33126		7925 N.W. 12TH ST. SUITE 324 MIAMI FL 33126		10/20/1994		(DO NOT WRITE IN THIS SPACE)	
2. Name and Address of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0527808		Not Applicable	
Business Name & City		State, Apt. # etc.		5. Certificate of Status Demand		\$8.75 Additional Fee Required	
22		27					
Date of Birth		City, S. State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28					
24	25	29	30	7. This corporation has liability for intangible tax under S. 109.03. Florida Statutes.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARQUEZ, VIVIAN				B1	Name		
				B2	Street Address. P.O. Box Number is Not Acceptable		

11. Pursuant to the provisions of Sections 606, 606A and 607, F.S.A., the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for my business with and on behalf of the abovesigned corporation in the State of Florida.

BRUNNEN

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
12.1	PSTD MARQUEZ, VIVIAN 7925 N.W. 12TH STREET #324 MIAMI FL 33126	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Additional 1. NAME 2. ADDRESS 3. TELEPHONE 4. DATE 11/20
12.2		13.2	<input type="checkbox"/> Change <input type="checkbox"/> Additional 1. NAME 2. ADDRESS 3. TELEPHONE 4. DATE 11/20
12.3		13.3	<input type="checkbox"/> Change <input type="checkbox"/> Additional 1. NAME 2. ADDRESS 3. TELEPHONE 4. DATE 11/20
12.4		13.4	<input type="checkbox"/> Change <input type="checkbox"/> Additional 1. NAME 2. ADDRESS 3. TELEPHONE 4. DATE 11/20
12.5		13.5	<input type="checkbox"/> Change <input type="checkbox"/> Additional 1. NAME 2. ADDRESS 3. TELEPHONE 4. DATE 11/20
12.6		13.6	<input type="checkbox"/> Change <input type="checkbox"/> Additional 1. NAME 2. ADDRESS 3. TELEPHONE 4. DATE 11/20
12.7		13.7	<input type="checkbox"/> Change <input type="checkbox"/> Additional 1. NAME 2. ADDRESS 3. TELEPHONE 4. DATE 11/20
12.8		13.8	<input type="checkbox"/> Change <input type="checkbox"/> Additional 1. NAME 2. ADDRESS 3. TELEPHONE 4. DATE 11/20
12.9		13.9	<input type="checkbox"/> Change <input type="checkbox"/> Additional 1. NAME 2. ADDRESS 3. TELEPHONE 4. DATE 11/20
12.10		13.10	<input type="checkbox"/> Change <input type="checkbox"/> Additional 1. NAME 2. ADDRESS 3. TELEPHONE 4. DATE 11/20

14. I declare under penalty of perjury that the information supplied with this filing is voluntary, furnished and true and (qualify for the contingent nature of this case) I, Linda Statler, further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on or before January 10, 2013, for the purpose of the exercise of the power of attorney granted to me by the reporter empowered to file this report as required by Chapter 141, Florida Statutes, and that my name appears on Block 1A or Block 1B of the original or amended Statement with an address.

SIGNATURE: *Vincent Farley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/10
LBB