

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90025 010 ***150.00

DOCUMENT # P94000085255 1. Entity Name DIGITAL VIDEO SYSTEMS, INC.					
Principal Place of Business 8280 NW 27TH ST 503/504 MIAMI, FL 33122			Mailing Address 8280 NW 27TH ST 503/504 MIAMI, FL 33122		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1578363	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TYSON, BARBARA 8280 NW 27TH ST STE 503/504 MIAMI, FL 33122			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYSON, JERROLL R 3700 N.W. 114 AVENUE MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8280 NW 27TH ST. STE 503 MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TYSON, BARBARA 3700 N.W. 114 AVENUE MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8280 NW 27TH ST. STE 503 MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NECUZE, JORGE 3700 N.W. 114 AVENUE MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8280 NW 27TH ST. STE 503 MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONGORA, ANTONIO 3700 N.W. 114 AVENUE MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8280 NW 27TH ST. STE 503 MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINODA, RAFAEL 3700 NW 114 AVE MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINEDA, RAFAEL 8280 NW 27TH ST. STE 503 MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
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: <u>Barbara Tyson</u> BARBARA TYSON 1/12/04 (786) 331-2555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					