


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000078538

1. Entity Name
PLATINUM GOLD VIDEO PRODUCTIONS, INC.



Principal Place of Business Mailing Address

**3650 CORAL RIDGE DRIVE
 SUITE 102
 CORAL SPRINGS, FL 33065**

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 SUITE 102
 CORAL SPRINGS, FL 33065**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0614447 Not Applicable

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

8. Name and Address of Current Registered Agent

**GOLDKLANK, GLENN
 3650 CORAL RIDGE DRIVE
 SUITE 102
 CORAL SPRINGS, FL 33065**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GOLDKLANK, JEFFREY
STREET ADDRESS	3650 CORAL RIDGE DRIVE SUITE 102
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VTD
NAME	GOLDKLANK, GLENN
STREET ADDRESS	3650 CORAL RIDGE DRIVE SUITE 102
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/31/06-80010-025 150.00

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: *Glenn Golkland VP* Date: 1/17/06 Daytime Phone #: 954-753-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR