
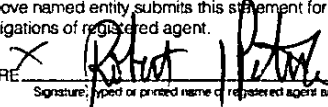



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90054 021 ***150.00

DOCUMENT # P95000088774 1. Entity Name B.P. VIDEO, INC.					
Principal Place of Business 8979 TAFT STREET PEMBROKE PINES, FL 33024			Mailing Address 7400 NE 12TH CT. MIAMI, FL 33162 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8979 Taft ST Suite, Apt. #, etc.			
City & State _____		City & State Pembroke Pines FL		4. FEI Number 65-0622607	
Zip _____		Country _____		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 SHAPPE, ALLEN P 17400 NE 12TH CT MIAMI, FL 33162			7. Name and Address of New Registered Agent Name Petron, Robert Street Address (P.O. Box Number is Not Acceptable) 8979 Taft ST City Pembroke Pines FL Zip Code 33024		
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: 1-29-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PETRON, ROBERT 8979 TAFT STREET PEMBROKE PINES, FL 33024	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> 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:  DATE: 1-29-05 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

50009430



01252005 Chg-P CR2E034 (10/03)