2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							SEC	Dr WFIL	: EB	
DOCUMENT # P96000089362 1. Entity Name PN (EDSUPE ARLU T VIDEO INC.)							DIVIŠIO	N OF C	OF ST ORPOR/	ATE ATIONS
RIVERSIDE ADULT VIDEO, INC.)	U4 ()	CT 15	AM 8: 1	00
Principal Place of Business 5265 N HIGHWAY MELBOURNE, FL 32940 US			Mailing Address 5265 N HIGHWAY MELBOURNE, FL 32940 US					. aniai 19119 (Min		
2. Principal P	lace of Busin	ess	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07142004	Chg-P	CR2E03	4 (10/03)	MRI
City & State			City & State			4. FEI Number 59-350			No	plied For t Applicable
Zip	Country		Zip	Coun	try		of Status Desired	F	8.75 Add ee Required	itional 1
 	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
WASSERMAN, DAVID A 228 PARK AVENUE N SUITE B WINTER PARK, FL 32789					Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)					
					City Palm Shores \$ FL 35940					
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** **SIGNATURE** **SIGNATURE** **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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE										
		FEE IS \$150.00 Stember 8, 2004	9. Election Campaig Trust Fund Contri	ibution.		5.00 May Be dded to Fees	In accordance w corporation did	vith s. 607. not receive	193(2)(b), l the prior n	F.S., the notice.
10,		OFFICERS AND	DIRECTORS (Jane)	₄ 11.	e .	ADDITIONS,	CHANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11
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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 SIGNATURE AND VIETO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND VIETO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date										