2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE** 

## FILED DOCUMENT # P97000083833 Mar 22, 2006 08:00 AN **Secretary of State** FARKAS FILM/VIDEO, INC. Mailing Address Principal Place of Business 9705 LITTLE POND WAY TAMPA FL 33647 9705 LITTLE POND WAY **TAMPA FL 33647** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FE! Number 59-3470168 Not Applicable Ζιρ Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARKAS, STEVEN W. Street Address (P.O. Box Number is Not Acceptable) 9705 LITTLE POND TAMPA FL 33647 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition | 🔲 Delele TITLE THILE U00000476646 04/06/06-80019-014 150.00 MAME FARKAS, STEVEN W STREET ADDRESS STREET ADDRESS 9705 LITTLE POND WAY CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Delete ☐ Change ☐ Addison THE NAME MORGAN, JEFFREY T STREET ADDRESS 9705 LITTLE POND WAY STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF **TAMPA FL 33647** ☐ Change Ti Adidii HILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change □ Alim ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-7IP Adding ☐ Change TITLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ∏ Ad:"E ☐ Delete Mil THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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