2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015430

FILED Apr 27, 2004 Secretary of State

Entity Name: VIPERVIDEO, INC. **Current Principal Place of Business: New Principal Place of Business:** 334 SO HYDE PARK AVENUE 1ST FLOOR TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** 334 SO HYDE PARK AVENUE 1ST FLOOR TAMPA, FL 33606 FEI Number: 59-3519366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PENA, MARK E 334 SO HYDE PARK AVENUE TAMPA, FL 33606 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT () Delete Title: (X) Change () Addition ABDO, KHALIL Name: Name: ABDO, KHALIL PSD 334 SO HYDE PARK AVENUE 2687 CRYSTAL CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: DUNEDIN, FL 33498 Title: DT Title: TD () Delete (X) Change () Addition

 Name:
 CHALACHE, NAJEH
 Name:
 CHALACHE, NAJEH TD

 Address:
 334 S HYDE PARK AVE
 Address:
 334 S HYDE PARK AVE

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:
 TAMPA, FL 33606

Title: CP () Delete Title: VP (X) Change () Addition Name: STAVRON, ALEX VP STAVRON, ALEX VP

Name: STAVRON, ALEX VP
Address: 334 SO HYDE PARK AVENUE Address: 334 SO HYDE PARK AVENUE 334 SO HYDE PARK AVENUE

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KHALIL ABDO PSD 04/27/2004