
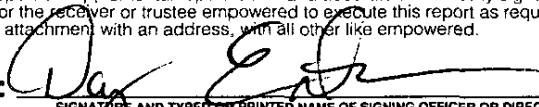


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90017 037 \*\*\*150.00

<b>DOCUMENT # P98000100631</b> 1. Entity Name <b>DOUG'S PHOTOGRAPHY AND VIDEO, INC.</b>					
Principal Place of Business <b>2805 EAST OAKLAND PARK BOULEVARD</b> <b>113</b> <b>FORT LAUDERDALE FL 33306</b> <b>US</b>		Mailing Address <b>C/O GRUBER AND ASSOCIATES, PA</b> <b>6550 NORTH FEDERAL HWY, STE 522</b> <b>FORT LAUDERDALE FL 33308-1404</b> <b>US</b>			
2. Principal Place of Business <b>BOULEVARD</b>		3. Mailing Address <b>P.A.</b> <b>SUITE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>SUITE</b>			
City & State 		City & State 		4. FEI Number <b>65-0881893</b>	
Zip <b>US</b>		Zip <b>33308-1417</b>		Country <b>US</b>	
6. Name and Address of Current Registered Agent <b>EATON, DOUGLAS P</b> <b>2805 EAST OAKLAND PARK BOULEVARD</b> <b>SUITE 113</b> <b>FORT LAUDERDALE FL 33306</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>BOULEVARD</b> City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP EATON, DOUGLAS D 2805 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BOULEVARD</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>2/17/04</b> Daytime Phone #: <b>954-522-2222</b>		