

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90020 047 \*\*\*150.00

<b>DOCUMENT # P98000107649</b> 1. Entity Name <b>J M VIDEO PRODUCTIONS, INC.</b>			
Principal Place of Business <b>7800 POINT MEADOWS DRIVE APT 1113 JACKSONVILLE, FL 32256</b>		Mailing Address <b>7800 POINT MEADOWS DRIVE APT 1113 JACKSONVILLE, FL 32256</b>	
2. Principal Place of Business - No P.O. Box # <b>7800 POINT MEADOWS DR.</b> Suite, Apt. #, etc. <b>APT 1112</b> City & State <b>Jacksonville, FL</b> Zip <b>32256</b>		3. Mailing Address <b>7800 POINT MEADOWS DR.</b> Suite, Apt. #, etc. <b>APT 1112</b> City & State <b>Jacksonville, FL</b> Zip <b>32256</b>	
Country <b>Duval</b>		Country <b>Duval</b>	
4. FEI Number <b>59-3582446</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MALINKA, JOHN N 7800 POINT MEADOWS DRIVE 1113 JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D MALINKA, JOHN N 7800 POINT MEADOWS DRIVE 1113 JACKSONVILLE, FL 32256</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7800 Point Meadows Dr. # 1112 Jacksonville, FL 32256</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 exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date <b>904-642-6111</b> <small>Daytime Phone</small>	