


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000003441 1. Entity Name TNT VIDEO SERVICES, INC.	
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Principal Place of Business 11055 NORTHWEST 37TH STREET CORAL SPRINGS, FL 33065	Mailing Address 11055 NORTHWEST 37TH STREET CORAL SPRINGS, FL 33065
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03132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0891889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOURS, PETER 11055 NORTHWEST 37TH STREET CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE

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03/28/05-80055-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-05 954-227-1805
Date Daytime Phone #