

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-16-2006 90247 027 ***100.00
04-03-2006 90394 014 ****50.00

3/1

DOCUMENT # P99000023346

1. Entity Name
NEWSLAND VIDEO, INC.



Principal Place of Business
**16909 NORTH BAY ROAD
APT. 605
SUNNY ISLES BEACH, FL 33160**

Mailing Address
**16909 NORTH BAY ROAD
APT. 605
SUNNY ISLES BEACH, FL 33160**

60023713



DO NOT WRITE IN THIS SPACE

03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0903681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

II. Name and Address of Current Registered Agent

**SILVA-SANTISTEBAN, RICARDO
16909 NORTH BAY ROAD
APT. 605
SUNNY ISLES BEACH, FL 33160**

**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: *[Signature]*

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

(NOTE: Registered Agent signature required when remaining)

DATE

3/3/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVA-SANTISTEBAN, RICARDO 1515 NE 182 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/06 305.949.8835