
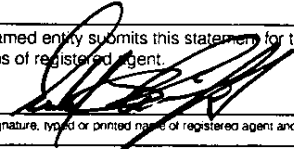
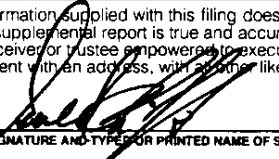


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90025 022 ***150.00

DOCUMENT # P99000048701			
1. Entity Name USFS VIDEO, INC.			
Principal Place of Business 7503 NW 168TH STREET MIAMI, FL 33015 US		Mailing Address 7503 NW 168TH STREET MIAMI, FL 33015 US	
2. Principal Place of Business - No P.O. Box # <i>9263 Sunrise Breeze Cir.</i>		3. Mailing Address <i>9263 Sunrise Breeze Cir.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>	
Zip <i>32256</i>		Zip <i>32256</i>	
Country		Country	
4. FEI Number 65-0923589		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <i>Gerald Philpot</i> Street Address (P.O. Box Number is Not Acceptable) <i>9263 Sunrise Breeze Cir.</i> City <i>Jacksonville</i> FL Zip Code <i>32256</i>	
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 <i>3/27/07</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD FARMER, DONALD L 7503 NW 168TH STREET MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9263 Sunrise Breeze Cir. Jacksonville, FL 32256</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FARMER, JULIANNE 7503 NW 168TH STREET MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9263 Sunrise Breeze Cir. Jacksonville, FL 32256</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM PHILPOT, GERALD W 7503 NW 168TH STREET MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9263 Sunrise Breeze Cir. Jacksonville, FL 32256</i>
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 an other like empowered.			
SIGNATURE: 		DATE <i>3/27/07</i> Daytime Phone # <i>904-233-2988</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

90025



02202007 Chg-P CR2E034 (12/06)