2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 09, 2005 08:00 AM

Daytime Frune #

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1. Entity Name	ENT # P990001076 DIO VĪDEO, INC.	98			Secr	etary of Stat
Principal Place of 4625 HWY, A1A VERO BCH, FL 3		Maiting Address 4625 HWY, A1A VERO BCH, FL 32963			.	88 - 1881 - 1882 - 1882 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 -
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03172005 No Chg-P CR2E034 (10/03) 4. FEI Number		
HAUSER, MARK 4625 HWY, A1A VERO BCH, FL 32963			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, typed or printed name of registered agent and title I applicable. (NOTE. Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			neing \$5.	00 May Be ed to Fees		
STREET ADDRESS 20	OFFICERS AND DI AUSER, MARK 53 OCEAN RIDGE CIR. ERO BCH, FL 32963	RECTORS	·		100:00:00 108-04:04:04	518 <i>1</i> 054-025 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					IOT WRI	f
NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			mustion stated in Co	otion 110 07/01/1	Florida Statuton Liturbook	contituithat the information
12. I hereby certify that the information supplied with this filling 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receptor 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. SIGNATIBE: 4-7-05-772-231-6651						