

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90145 031 \*\*\*150.00

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03202006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # S17664</b> 1. Entity Name <b>SLIGER VIDEO PRODUCTIONS, INC.</b>					
Principal Place of Business <b>6671 SYLVAN WOODS DR SANFORD, FL 32771 US</b>			Mailing Address <b>3921 NOVA ROAD PORT ORANGE, FL 32127 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3045195</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SLIGER, STEPHEN B 3921 NOVA ROAD PORT ORANGE, FL 32127</b>				Name <b>SONIA L. SLIGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>6671 SYLVAN WOODS DRIVE</b> City <b>SANFORD</b> FL <b>32771</b>	
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 <b>SONIA L. SLIGER</b> <b>3/21/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>DPVS SLIGER, STEPHEN B. 6671 SYLVAN WOODS DR SANFORD, FL 32771</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPVST SONIA L SLIGER 6671 SYLVAN WOODS DRIVE SANFORD FLORIDA 32771</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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:			<b>SONIA L SLIGER</b> <b>3/21/06</b> <b>407 383-6711</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day/Time Phone #		