


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # S90244 1. Entity Name VIDEO IMAGING DATA SALES, INC.	
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Principal Place of Business
2004 MASTERS WAY
PLANT CITY, FL 33567

Mailing Address
2004 MASTERS WAY
PLANT CITY, FL 33567



04102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0294420	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SUTCLIFFE, SANDRA J.
2004 MASTERS WAY
PLANT CITY, FL 33567

**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

Sandra J. Sutcliffe

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000113162
04/14/04-80052-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUTCLIFFE, BRUCE E
STREET ADDRESS	2004 MASTERS WAY
CITY- ST- ZIP	PLANT CITY, FL
TITLE	TSD
NAME	SUTCLIFFE, SANDRA J
STREET ADDRESS	2004 MASTERS WAY
CITY- ST- ZIP	PLANT CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

Sandra J. Sutcliffe

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/04 813-752-0888

Date

Daytime Phone #