

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2/10

Filing Period: January 1 · March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK I may be rown January 1 - march 1 - rung ree, 530.00 - 11115 MEFORE MIOSE DE LEFED OR FRUITED LEGIDLE IN DEGOR HIM * In accordance with R.I.G.L 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 154172	2. Name of Corporation Sports Video, Inc.				
3. Street Address Principal Business Office 99 Princess Ave.			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-944-1364 5. State of Incorporation Rhode Island					
6. Brief Description of the Character Videographer					
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
Carol A. Beretto			Vice President Name Carol A. Beretto		
Street Address 99 Princess Ave			Street Address 99 Princess Ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Carol A. Beretto	4	1	Treasurer Name Carol A. Beretto		102920
Street Address			Street Address		
99 Princess Ave			99 Princess Ave		
Cranston	State RI	^{Zip} 0 2920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name Carol A. Beretto			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 99 Princess Ave			Street Address		
City Cranston	State RI	<i>Ztp</i> 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
Number of Shares Class/Series Par Value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value		
10,000		0.01	NONE	CHARLES CONTROL	rai vane
This report must be executed of this report must be executed or	on behalf of the corpor n behalf of the corpor	ration by an authorized ation by the receiver o	I representative. If the corrustee.	orporation is in the hand	ds of a receiver or trustee,
			Under sounding of so	units III I com	
File Date FILE)		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No			Signature Date		
By:			Carol A. Beretto Print or Type Name		
FOR SECRETARY OF STAT	E USE ONLY		President Title		