

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 15, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000004730

1. Entity Name
 AVW AUDIO VISUAL, INC.

Principal Place of Business 1421 WEST MOCKINGBIRD LANE DALLAS TX 752474978	Mailing Address 1421 WEST MOCKINGBIRD LANE DALLAS TX 752474978
--	--

2. Principal Place of Business	3. Mailing Address 1421 WEST MOCKINGBIRD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc. ATTN: DEREK W. GOFF
City & State DALLAS TX	City & State DALLAS TX
Zip 752474978	Country

4. FEI Number
75-1375597

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)

 City **FL** Zip Code

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.

SIGNATURE _____ DATE **01/15/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABERNETHY PIERCE 1421 WEST MOCKINGBIRD LN DALLAS TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIRSKY STEVE 1421 WEST MOCKINGBIRD LN DALLAS TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANDERSLICE DAN 1421 WEST MOCKINGBIRD LN DALLAS TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST POPOLO JR JOSEPH V 1421 WEST MOCKINGBIRD LN DALLAS TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH CRAIG 1421 WEST MOCKINGBIRD LN DALLAS TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FREEMAN JR DONALD S 1421 WEST MOCKINGBIRD LN DALLAS TX <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOFF DEREK W 1421 WEST MOCKINGBIRD LN DALLAS TX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Derek W. Goff **AS** 01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)