Jan 30, 2006 8:00 am 2006 FOR PROFIT CORPORATION **Secretary of State ANNUAL REPORT** 01-30-2006 90050 010 ***158.75 **DOCUMENT # F02000002401** JEFFERSON AUDIO VIDEO SYSTEMS, INC. 60008517 Mailing Address Principal Place of Business 13020 MIDDLETOWN INDUSTRIAL BLVD. LOUISVILLE, KY 40223 13020 MIDDLETOWN INDUSTRIAL BLVD. LOUISVILLE, KY 40223 No Chg-P 01072006 DO NOT WRITE IN THIS SPACE 4. FEI Number 61-0990800 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent

FILED

CR2E034 (11/05)

Applied For

\$8.75 Additional

Fee Required

Not Applicable

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT CP GREEN, DAVID W 302 WOOLDRIDGE AVE PEWEE VALLEY, KY 40056 V GREEN, MARY E 302 WOOLDRIDGE AVE PEWEE VALLEY, KY 40056 VP-Operations Green, Andrew R. 3703 Rock Bay Ct Louisville, KY 40245 VP-Sales Green, Jared L 2429 Eastwood Cir Crestwood, KY 40014	CTORS		NOT WRITE THIS SPACE
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 an empowered.				

ED OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR