2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# F98000005518

Entity Name: AUDIO VISUAL SERVICES GROUP, INC.

Current Principal Place of Business:

111 W. OCEAN BLVD.
STE. 1110
LONG BEACH, CA 90802

New Principal Place of Business:

Current Mailing Address:

111 W. OCEAN BLVD.
STE. 1110
LONG BEACH, CA 90802

New Mailing Address:

FEI Number: 13-4025666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: DAVIES, DIGBY J
Address: 111 W. OCEAN BLVD., STE.1110
City-St-Zip: LONG BEACH, CA 90802

Title: COO ( ) Delete
Name: DAVIES, DIGBY J
Address: 111 W. OCEAN BLVD., STE.1110
City-St-Zip: LONG BEACH, CA 90802

Title: SEC ( ) Delete
Name: MARKOWITZ, J W SVP
Address: 111 W. OCEAN BLVD., STE.1110
City-St-Zip: LONG BEACH, CA 90802

Title: ASEC ( ) Delete
Name: JENNEFER, BARTHOLOMEW A
Address: 111 W. OCEAN BLVD., SUITE 1110
City-St-Zip: LONG BEACH, CA 90808

Title: SVP ( ) Delete
Name: GATTO, LORI SVP FIN
Address: 111 W. OCEAN BLVD., STE.1110
City-St-Zip: LONG BEACH, CA 90802

Title: EVP ( ) Delete
Name: VOADEN, JOHN C
Address: 111 W OCEAN BLVD, STE 1110
City-St-Zip: LONG BEACH, CA 90802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK MCGRATH POA 04/27/2006

Electronic Signature of Signing Officer or Director — Date