


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90742 036 \*\*\*150.00

DOCUMENT # <u>P02000043542</u>	
1. Entity Name <u>AV-TV Technical SERVICES. INC.</u>	

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2. Principal Place of Business <u>Home Business</u>		3. Mailing Address <u>3365 COE AVE</u>	
Suite, Apt. #, etc. <u>#3365</u>		Suite, Apt. #, etc. <u>#3365</u>	
City & State <u>Orlando</u>		City & State <u>Orlando FL</u>	
Zip <u>32806</u>	Country <u>ORANGE</u>	Zip <u>32806</u>	Country <u>ORANGE</u>

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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <u>02-0572437</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>DAVID S. Woodward</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>3365 COE AVE #3365</u>			
City <u>Orlando</u> <u>FL</u> Zip Code <u>32806</u>			

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 AV-TV-Technical services. Inc. David Woodward 4/28/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO</u> <u>David S Woodward</u> <u>3365 COE AVE #3365</u> <u>Orlando FL 32806</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Woodward 4/28/03 407-230-1543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)