


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90057 023 \*\*\*150.00

<b>DOCUMENT # P02000113261</b> 1. Entity Name VISTA AUDIO VISUAL CORP.	
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Principal Place of Business 1560 SAWGRASS CORPORATE PARKWAY SUITE 230 SUNRISE, FL 33323	Mailing Address 1560 SAWGRASS CORPORATE PARKWAY SUITE 230 SUNRISE, FL 33323
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0037435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCHNEIDER, REUBEN M 2021 TYLER STREET HOLLYWOOD, FL 33020	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

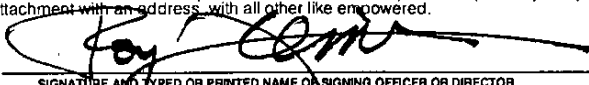
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEMER, ROY 1560 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEMER, GERI 1560 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**  **4-1-05** **954/838-0900**

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