PBOFIT FLORIDA DEPARTMENT OF STATE CORF 38 JA 30 74 3.08 DOCUMENT # Coastal Audio Visual Services, INC. Mailing Address Principal Place of Business 2629 Creighton Road P.O. Box 17899 32504 Pensacola, FL 32522 Pensacola, FL 3. Date Incorporated or Qualified October 1993 4. FEL Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3201325 Not Applicable 21 26 Suite, Apt #. etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Terry Bly 2629 Creighton Road Pensacola, Fl 32504 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NO³) Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE ☐ Change Addition 1 1 TITLE TITLE President NAME Terry W. Blv 1.2 NAMÉ STREET ADDRESS 5545 Homewood Rd. 13 STREET ADDRESS Pensacola, FL 32504 1.4 CITY - ST - ZIP CITY - ST - ZIP 5000024200bB Audilion DELETË 2.1 TITLE ""ESec/Treasurer -02/11/98--01006--001 2.2 NAME NAME Catherine H. Bly ****165.00 ****165.00 2.3 STREET ADDRESS STREET ADDRESS 5545 Homewood Rd. 2 4 CITY-ST-ZIP CITY - ST - ZIP Pensacola, FL 32504 DELETE Change Addition TITLE 3.1 THUE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - 7-P CITY - ST - ZIP Change DELETE Addition 41 THEE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS VS **FEB** 3 1998 STREET ADDRESS 4.4 C(1Y - ST - Z)P CITY-ST-ZIP Change DELETE Addition 5.1 TOLE TITLE 5.2 NAM2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIP Change Addition DELETE 6111111 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporal on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name TERRY W. BLY 12-10.97 850-479-267B

SIGNATURE: