

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000022451**

**1. Entity Name**  
**ADVANCED VIDEO PRODUCTION, INC.**



**Principal Place of Business**  
**PO BOX 1258**  
**ZEPHYRHILLS, FL 33539**

**Mailing Address**  
**PO BOX 1258**  
**ZEPHYRHILLS, FL 33539**



03162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**42-1530609**  
**Applied For**  
**Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SAMONEK, TOM**  
**36212 SR 54 W**  
**ZEPHYRHILLS, FL 33541**

**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. I 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 restate.)

**DATE**

03-19-04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>SAMONEK, TOM</b>
<b>STREET ADDRESS</b>	<b>36212 SR 54 WEST</b>
<b>CITY-ST-ZIP</b>	<b>ZEPHYRHILLS, FL 33541</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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04/09/04-80017-007 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TOM SAMONEK** **03-19-04** **813 780 1780**

Date

Daytime Phone #