## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 05, 2001 8:00 am DOCUMENT # F0000001029 **Secretary of State** DISTRIBUTION VIDEO & AUDIO, INC. 03-05-2001 90278 031 \*\*\*150.00 Principal Place of Business Mailing Address 1610 NORTH MYRTLE STREET 1610 NORTH MYRTLE STREET CLEARWATER FL 33755 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2216786 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUGLER, BRAD Street Address (P.O. Box Number is Not Acceptable) 1610 NORTH MYRTLE STREET **CLEARWATER FL 33755** City Zip Code FL 8. The above named entity submits this statement for the j f changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of regis nd title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DCEO CR2E034 (10/00) Addition TITLE ☐ Delete TITLE Change KUGLER, BRAD NAME NAME 2191 CYPRESS POINT DRIVE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33763** CITY-ST-ZIP DCFO ☐ Delete TITLE ☐ Change Addition TITLE KUGLER, TODD NAME NAME STREET ADDRESS 2440 STAG RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** Change Addition TITLE ☐ Delete TITLE KUGLER, RYAN NAME NAME STREET ADDRESS 3100 RIVERSIDE DRIVE, #107 STREET ADDRESS CITY-ST-ZIP **BURBANK CA 91505** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE SEGIN, TARA NAME NAME STREET ADDRESS STREET ADDRESS 825 LAKESIDE TERRACE CITY-ST-ZIP CITY-ST-ZIE PALM HARBOR FL 34683 ☐ Addition ☐ Delete TITLE ☐ Change TITLE KUGLER, BENJAMIN R NAME NAME STREET ADDRESS 2852 CHELSEA PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SOUTH CLEARWATER FL 33759** Defete TITLE TITLE ☐ Change Addition KUGLER, JUDITH NAME NAME 2852 CHELSEA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SOUTH CLEARWATER FL 33759**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR SANTED AME OF SIGNING OFFICER OR DIRECTOR

19/01 7274474147

FILED

Daytime Phone #