

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90013 004 \*\*\*150.00

**DOCUMENT # F00000001029**

1. Entity Name

DISTRIBUTION VIDEO & AUDIO, INC.



Principal Place of Business

133 CANDY LN.  
PALM HARBOR FL 34683

Mailing Address

133 CANDY LANE  
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **52-2216786**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUGLER, BRAD  
133 CANDY LANE  
PALM HARBOR FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 certifying)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO ☐ Delete  
NAME KUGLER, BRAD  
STREET ADDRESS 2949 LANDMARK WAY  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☒ Addition  
NAME **D Andrew Johnston**  
STREET ADDRESS **10061 Riverside Drive #740**  
CITY-ST-ZIP **Toluca Lake, CA 91602**

TITLE DCFO ☒ Delete  
NAME KUGLER, TODD  
STREET ADDRESS 2440 STAG RUN  
CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME KUGLER, RYAN  
STREET ADDRESS 4111 RIVERSIDE DRIVE, #305  
CITY-ST-ZIP BURBANK CA 91505

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME KUGLER, BENJAMIN R  
STREET ADDRESS 2852 CHELSEA PLACE  
CITY-ST-ZIP SOUTH CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME KUGLER, JUDITH  
STREET ADDRESS 2852 CHELSEA PLACE  
CITY-ST-ZIP SOUTH CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

3/6/06

727 441-447  
173-0777

Date:

Daytime Phone #