

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90081 035 ***150.00

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1. Entity Name

DISTRIBUTION VIDEO & AUDIO, INC.



Principal Place of Business
1610 NORTH MYRTLE STREET
CLEARWATER FL 33755

Mailing Address
1610 NORTH MYRTLE STREET
CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

133 Candy Lane
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State

Zip
34683

Country
Pinnacle

Zip

Country

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
1610 NORTH MYRTLE STREET
CLEARWATER FL 33755

Name

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

133 Candy Lane

City Palm Harbor, FL 34683 FL Zip Code 34683

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 reinstating)

DATE

FILE NOW!!! FEES \$150.00

After May 1, 2003 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
NAME KUGLER, BRAD
STREET ADDRESS 2191 CYPRESS POINT DRIVE NORTH
CITY-ST-ZIP CLEARWATER FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME KUGLER, RYAN
STREET ADDRESS 3100 RIVERSIDE DRIVE, #107
CITY-ST-ZIP BURBANK CA 91505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME SEGIN, TARA
STREET ADDRESS 825 LAKESIDE TERRACE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

727447 4147

Date

Daytime Phone #

CR2E034 (10/02)