2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

DOCUMENT # F02000004111 07-13-2004 90003 017 ***158.75 AUDIO VIDEO CONCEPTS INC. Mailing Address Principal Place of Business 54062186 2319 TAYLOR STREET 2319 TAYLOR STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FFI Number 01-0693028 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMBALOS, TONY Street Address (P.O. Box Number is Not Acceptable) 2319 TAYLOR STREET HOLLYWOOD, FL 33020 City 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. SIGNATÜRE tame of registered agent and title if appropriate 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CP III F Addition ☐ Change TITLE ☐ Delete KOSE, DENIZ NAME NAME STREET ADDRESS 2319 TAYLOR STREET STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CiTY-ST-ZIF VCVT Delete MLE ☐ Change ☐ Addition TITLE SAMBALOS, TONY NAME NAME STREET ADDRESS 2319 TAYLOR STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZEP TITLE Delete TITLE ☐ Change Addition DOWDESWELL, THOMAS C JR NAME NAME 2319 TAYLOR STREET STREET ADDRESS STREET ADORESS HOLLYWOOD, FL-33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 all other like empowered. SIGNATURE: