2005 FOR PROFIT CORPORATION
ANNUAL REPORT

ANNUAL REPORT		6/29/2005-90003-022-\$150.00-\$150.00	
DOCUMENT # F02000004111		FILED	
1. Entity Name AUDIO VIDEO CONCEPTS INC.			
•		05 JUL 27 AM 8: 24	
Principal Place of Business Mailing Address	28. T. N. W. 8	SLORLTARY OF STATE TALLAHASSEE, FLORIDA	
2319 TAYLOR STREET 1385 N.W. 11 IS, 2319 TAYLOR STREET 14 HOLLYWOOD, FL 33020 BLOK 10 HOLLYWOOD, FL 33020 PL	385 N.W.B AUTAKION, F	TALLAHASSEE, FLORIDA	
PLANTATION, FL 32322			
DO NOT WRITE IN THIS SPACE		05102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number Applie 01-0693028 Not Ap	d For
		5. Certificate of Status Desired S8.75 Addition Fee Required	<del></del>
6. Name and Address of Current Registered Agent		- Contraguist	
SAMBALOS, TONY	-	DO NOT WRITE	
2319 TAYLOR STREET HOLLYWOOD, FL 33020		IN THIS SPACE	
		IN THIS SPACE	
The above named entity submits this statement for the purpose of changing its registere	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and	accept
the obligations of registered agent.		6.1.01	
SIGNATURE Systems Typed DyMad name of right and agent eartics it applicable. (NOTE: Registered	Agent signature required	when reinstailing) DATE	<del>-</del>
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan		.00 May Be In accordance with s. 607.193(2)(b), F.S.	., the
Due by September 7, 2005 Trust Fund Contribution.	A00	ed to Fees corporation did not receive the prior notice	
10. AOFFICERS AND DIRECTORS	1		
SIREST ADDRESS STAYLOR STREET /385 N.W. 815 57 80	010		
CITY-ST-ZIP HOLLYWOOD, FL 33020 PLANT OFTION FL 3333	<del>)</del>		
NAME SAMBALOS, TONY STREET ADDRESS 2310 TAYLOR STREET 76 VIRTINIA TV			
CITY-SI-ZIP HOLLYWOOD, FL 33020 LOW BATCH, NY 11561	]		
TITLE HALAS	l		
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
me	i	IN THIS SPACE	
NAME STREET ADDRESS	1		
CITY-S1-ZIP	1		
NAME STREET ADDRESS		\	
CITY-ST-ZIP	I	40,814	
TITLE RAME		*	
STREET ADDRESS CITY - ST- ZIP			
12. I heraby certify that the information supplied with this filling does not qualify for the exerindicated on this report or supplemental report is true and accurate and that my signate.	ure shall have the:	same legal effect as if made under oath; that I am an officer or d	rector
of the corporation or the receiver of trostee 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 adopss, with all other like empowered.			
SIGNATURE: SIGNARDE LAND TYPED OF PRINTED NAME OF SIGNING OFFICER OR CHRIST	TOR .	Date Designe Proce #	