


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State

JAN 22 REC'D

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| DOCUMENT # F03000003250 1. Entity Name AVI-THE HOME THEATER STORE COMPANY | |  | |
| Principal Place of Business 1115 ALPHA DRIVE ALPHARATTA GA 30004 | | Mailing Address 1115 ALPHA DRIVE ALPHARATTA GA 30004 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent NICHOLSON, JOSEPH 9424 SW 1ST PLACE GAINESVILLE FL 32607 | | 4. FEI Number 58-2030234 Applied For <input type="checkbox"/> Not Applicable | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 8. The above named entry 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CP FOX, SPENCER M 1115 ALPHA DRIVE ALPHARATTA GA 30004 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000078756 03/08/04-80038-025 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCVP KENNEDY, MICHAEL C 1115 ALPHA DRIVE ALPHARATTA GA 30004 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LUBBEN, TIMOTHY J 1115 ALPHA DRIVE ALPHARATTA GA 30004 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *MCZ* 3/2/04 770-640-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #