

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90001 001 \*\*\*150.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2030234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NICHOLSON, JOSEPH  
9424 SW 1ST PLACE  
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name **Robert Patton**

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

**174 Wakemont Drive**

City **Orange Park**

FL

Zip Code **32065**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**CFO**

**1/20/05**

DATE

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

**After May 1, 2005 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

TITLE **CP** ☐ Delete  
NAME **FOX, SPENCER M**  
STREET ADDRESS **1115 ALPHA DRIVE**  
CITY-ST-ZIP **ALPHARATTA GA 30004**

TITLE **VCVP** ☐ Delete  
NAME **KENNEDY, MICHAEL C**  
STREET ADDRESS **1115 ALPHA DRIVE**  
CITY-ST-ZIP **ALPHARATTA GA 30004**

TITLE **D** ☐ Delete  
NAME **LUBBEN, TIMOTHY J**  
STREET ADDRESS **1115 ALPHA DRIVE**  
CITY-ST-ZIP **ALPHARATTA GA 30004**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Spencer Fox**

Date

Daytime Phone #

**1/20/05 77640-1120**