


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90071 001 \*\*\*150.00

**DOCUMENT # F03000003250**

1. Entity Name  
**AVI-THE HOME THEATER STORE COMPANY**



Principal Place of Business      Mailing Address

1115 ALPHA DRIVE      1115 ALPHA DRIVE  
 ALPHARATTA GA 30004      ALPHARATTA GA 30004



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**58-2030234**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PATTON, ROBERT**  
**774 WAKEMONT DRIVE**  
**ORANGE PARK FL 32065**

**7. Name and Address of New Registered Agent**

Name: **Raymond Butler**  
 Street Address (P.O. Box Number is Not Acceptable): **148 Summer Breeze Lane**  
 City: **Santa Rosa Beach FL**      Zip Code: **32459**

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: *Raymond Butler*      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust Fund Contribution.            Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CP	<input type="checkbox"/> Delete
NAME	FOX, SPENCER M	
STREET ADDRESS	1115 ALPHA DRIVE	
CITY-ST-ZIP	ALPHARATTA GA 30004	
TITLE	VCVP	<input type="checkbox"/> Delete
NAME	KENNEDY, MICHAEL C	
STREET ADDRESS	1115 ALPHA DRIVE	
CITY-ST-ZIP	ALPHARATTA GA 30004	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUBBEN, TIMOTHY J	
STREET ADDRESS	1115 ALPHA DRIVE	
CITY-ST-ZIP	ALPHARATTA GA 30004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]*      Controller      1/24/05      (770) 640-1120  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #