FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F93000000828 FORD AUDO-VIDEO SYSTEMS, INC. 04-30-2001 90075 047 ***150.00 Principal Place of Business Mailing Address 4800 W. INTERSTATE 40 4800 W. INTERSTATE 40 OKLAHOMA CITY OK 73128 OKLAHOMA CITY OK 73128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 73-0947837 Not Applicable Zip Zip 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 FORD, CLAIRE Street Address (P.O. Box Number is Not Acceptable) 283 N. NORTH LAKE BLVD., SUITE 111 ALTAMONTE SPRINGS FL 32701 City Zin Code F١ 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVC** ☐ Delete ☐ Change ☐ Addition TITLE NAME FORD, JAMES A NAME STREET ADDRESS STREET ADDRESS 8309 LAKEHURST DRIVE CITY-ST-ZIP CITY-ST-ZIP OKLAHOMA CITY OK 73120 · Change TITLE ☐ Delete TITLE ☐ Addition NAME FORD, CLAIRE M NAME STREET ADDRESS STREET ADDRESS 8309 LAKEHURST DRIVE CITY-ST-ZIP CITY-ST-ZIP **OKLAHOMA CITY OK 73120** TITLE TITLE ☐ Change Addition Delete NAME BURDICK, BRYAN C NAME STREET ADDRESS 4511 E 103RD ST SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TULSA OK 74137** TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clai
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire M. Ford

4/23/01

(405) 946-9966

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CR2E034 (10/00)