


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001474 1. Entity Name AUDIO FIDELITY COMMUNICATIONS CORPORATION	
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Principal Place of Business 3900 GASKINS RD RICHMOND, VA 23233 US	Mailing Address 3900 GASKINS RD RICHMOND, VA 23233 US
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-0617014	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOY, GRADY 3728 PHILLIPS HWY STE 214 JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WHITLOCK, JOHN D PO BOX 130 (N/A) MINERAL, VA 23117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, MARK 3900 GASKINS RD RICHMOND, VA 23233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, KEVIN 230 CLEARFIELD AVE VA BEACH, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HALL, DOUGLAS S 11304 DEEP HAVEN CT RICHMOND, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/05-R0107-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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

Mark Baker, VP/Controller

4-28-05 804/273-9100
Date Daytime Phone #