

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90001 011 ***550.00

DOCUMENT # F95000001474

1. Entity Name
AUDIO FIDELITY COMMUNICATIONS CORPORATION



Principal Place of Business
**3900 GASKINS RD
RICHMOND, VA 23233 US**

Mailing Address
**3900 GASKINS RD
RICHMOND, VA 23233 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06212006 Chg-P CR2E034 (11/05)

4. FEI Number
54-0617014

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOY, GRADY
3728 PHILLIPS HWY
STE 214
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name **FOY, GRADY** ADDRESS CHANGE ONLY
Street Address (P.O. Box Number is Not Acceptable)
4570 ST. JOHNS AVE, SUITE 3
City **JACKSONVILLE** FL Zip Code **32210**

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 \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **WHITLOCK, JOHN D**
STREET ADDRESS **PO BOX 130 (N/A)**
CITY-ST-ZIP **MINERAL, VA 23117**

TITLE **V** ☐ Delete
NAME **BAKER, MARK**
STREET ADDRESS **3900 GASKINS RD**
CITY-ST-ZIP **RICHMOND, VA 23233**

TITLE **P** ☐ Delete
NAME **THOMPSON, KEVIN**
STREET ADDRESS **230 CLEARFIELD AVE**
CITY-ST-ZIP **VA BEACH, VA**

TITLE **CFO** ☐ Delete
NAME **HALL, DOUGLAS S**
STREET ADDRESS **11304 DEEP HAVEN CT**
CITY-ST-ZIP **RICHMOND, VA**

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 **CEO** ☒ Change ☐ Addition
NAME **WHITLOCK, JOHN D**
STREET ADDRESS **3900 GASKINS RD**
CITY-ST-ZIP **RICHMOND VA 23233**

TITLE **VP + SECRETARY** ☒ Change ☐ Addition
NAME **BAKER, MARK**
STREET ADDRESS **3900 GASKINS RD**
CITY-ST-ZIP **RICHMOND VA 23233**

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

TITLE **COO** ☒ Change ☐ Addition
NAME **HALL, DOUGLAS S**
STREET ADDRESS **3900 GASKINS RD**
CITY-ST-ZIP **RICHMOND VA 23233**

TITLE **ASSISTANT SECRETARY** ☐ Change ☒ Addition
NAME **GAMMON, ANN**
STREET ADDRESS **3900 GASKINS RD**
CITY-ST-ZIP **RICHMOND VA 23233**

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 exemptions contained in Chapter 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:

Mark C Balg VP/Finance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/06 804/273910
Date Daytime Phone #