## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F95000001474

1. Entity Name

AUDIO FIDELITY COMMUNICATIONS CORPORATION



FILED
Feb 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

3900 GASKINS RD

RICHMOND, VA 23233 US

3900 GASKINS RD RICHMOND, VA 23233 US



01252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-0617014

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8042739100

6. Name and Address of Current Registered Agent

FOY, GRADY 4570 ST. JOHNS AVE., SUITE 3 JACKSONVILLE, FL 32210

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>						
SIGNATURE						
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing []	\$5.00 May Be Added to Fees	000000616546 02/07/07-80031-020 158.75	
10. TIPLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT CEO WHITLOCK, JOHN D 3900 GASKINS RD RICHMOND, VA 23233	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BAKER, MARK 3900 GASKINS RD RICHMOND, VA 23233				· ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, KEVIN 230 CLEARFIELD AVE VA BEACH, VA	,	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HALL, DOUGLAS S 3900 GASKINS RD RICHMOND, VA 23233			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	AS GAMMON, ANN 3900 GASKINS RD RICHMOND, VA 23233					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 comporation 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.						

TED NAME OF SIGNING OFFICER OR DIRECTOR