## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am Secretary of State F95000001953 DOCUMENT # 1. Entity Name AVRO CORP. 05-01-2002 91479 034 \*\*\*150.00 Principal Place of Business Mailing Address 7230 FULTON AVE. 7230 FULTON AVE. NORTH HOLLYWOOD CA 91605 NORTH HOLLYWOOD CA 91605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-4304626 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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 PD TITLE ☐ Defete TITLE Change ☐ Addition ROOKE, WILLIAM NAME NAME 7230 FULTON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP NORTH HOLLYWOOD CA 91605 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME KIRSHENBAUM, WILLIAM NAME STREET ADDRESS 7230 FULTON AVE. STREET ADDRESS CITY-ST-ZIP NORTH HOLLYWOOD CA 91605 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME SHAW, JAMES NAME STREET ADDRESS 7230 FULTON AVE. STREET ADDRESS CITY-ST-ZIP **NORTH HOLLYWOOD CA 91605** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 William B. Kirshanbown 418/02

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE

**FILED**