

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90001 018 ***550.00

DOCUMENT # F98000005518

1. Entity Name
AUDIO VISUAL SERVICES GROUP, INC.



Principal Place of Business

111 W. OCEAN BLVD.
 STE. 1110
 LONG BEACH CA 90802

Mailing Address

111 W. OCEAN BLVD.
 STE. 1110
 LONG BEACH CA 90802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-4025666**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
 NAME **SINCLAIR, CHRISTOPHER A CEO**
 STREET ADDRESS **111 W. OCEAN BLVD., STE.1110**
 CITY-ST-ZIP **LONG BEACH CA 90802**

TITLE **CEO** ☒ Change ☐ Addition
 NAME **Robert K. Ellis**
 STREET ADDRESS **111 W. Ocean Blvd, Suite 1110**
 CITY-ST-ZIP **Long Beach, CA 90802**

TITLE **EVPT** ☐ Delete
 NAME **DAVIES, DIGBY COO**
 STREET ADDRESS **111 W. OCEAN BLVD., STE.1110**
 CITY-ST-ZIP **LONG BEACH CA 90802**

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

TITLE **SVPS** ☐ Delete
 NAME **MARKOWITZ, J W**
 STREET ADDRESS **111 W. OCEAN BLVD., STE.1110**
 CITY-ST-ZIP **LONG BEACH CA 90802**

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

TITLE **SVP** ☒ Delete
 NAME **RAZIANO, ANNA M**
 STREET ADDRESS **111 W. OCEAN BLVD., STE.1110**
 CITY-ST-ZIP **LONG BEACH CA 90802**

TITLE **Sr. VP - Finance** ☒ Change ☐ Addition
 NAME **Cindy Yoon**
 STREET ADDRESS **111 W. Ocean Blvd, Suite 1110**
 CITY-ST-ZIP **Long Beach, CA 90802**

TITLE **EVP** ☐ Delete
 NAME **O'BRIEN, MICHAEL CEO**
 STREET ADDRESS **111 W. OCEAN BLVD., STE.1110**
 CITY-ST-ZIP **LONG BEACH CA 90802**

TITLE ☒ Change ☐ Addition
 NAME **CEO, AVHQ Division**
 STREET ADDRESS **(same name & address)**
 CITY-ST-ZIP

TITLE **EVP** ☒ Delete
 NAME **O'BRIEN, MICHAEL COO**
 STREET ADDRESS **111 W. OCEAN BLVD., STE.1110**
 CITY-ST-ZIP **LONG BEACH CA 90802**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: Whitney Markowitz **8/28/02** **(562) 366-0146**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)