2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005518

Entity Name: AUDIO VISUAL SERVICES GROUP, INC.

FILED Mar 19, 2009 Secretary of State

Current Pr 111 W OCE LONG BEA	302	New Principal Place of Business: New Mailing Address:				
111 W OCEAN BLVD, SUITE 1110 LONG BEACH, CA 90802						
FEI Number: 13-4025666 FEI Number Applied For () FEI Number N				r Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US						
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:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DAVIES, DIG	N BLVD., SUITE 1110	Title: Name: Address: City-St-Zip:		(X) Change()Addition GBY J AN BLVD., SUITE 1110 CH, CA 90802	
Title: Name: Address: City-St-Zip:	MARKOWITZ	N BLVD., SUITE 1110	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	GATTO, LORÌ	N BLVD., SUITE 1110	Title: Name: Address: City-St-Zip:		(X) Change () Addition DM AN BLVD., SUITE 1110 CH, CA 90802	
Title: Name: Address: City-St-Zip:	VOADEN, JOH	N BLVD., SUITE 1110	Title: Name: Address: City-St-Zip:		(X) Change () Addition ATRICK AN BLVD., SUITE 1110 CH, CA 90808	
Title: Name: Address: City-St-Zip:	HAYES, SHAF	N BLVD., SUITE 1110	Title: Name: Address: City-St-Zip:		(X) Change()Addition EN D AN BLVD., SUITE 1110 CH, CA 90802	
Title:	DIR () Delete	Title:	DIR	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SMITH, ROLAND

LONG BEACH, CA 90802

111 W OCEAN BLVD., SUITE 1110

SIGNATURE: ANNE MEYER POA 03/19/2009

CONNER, PATRICK

LONG BEACH, CA 90802

111 W OCEAN BLVD., SUITE 1110

Name:

Address:

City-St-Zip: