

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67853

1. Entity Name

AMERICAN AUDIO VISUAL, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90156 028 \*\*\*150.00

Principal Place of Business

4210 L. B. MCLEOD RD  
SUITE 110  
ORLANDO FL 32811  
US

Mailing Address

4210 L. B. MCLEOD RD  
SUITE 110  
ORLANDO FL 32811-5682  
US

2. Principal Place of Business

4210 L. B. McLeod RD

3. Mailing Address

4210 L. B. McLeod RD

Suite, Apt. #, etc.

Suite 109

Suite, Apt. #, etc.

Suite 109

City & State

Orlando, FL

City & State

Orlando FL

Zip

32811

Country

US

Zip

32811

Country

US

6. Name and Address of Current Registered Agent

SPINICELLI, MR. J.L.  
776 FOREST GLEN CT.  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE **P** ☐ Delete  
NAME **SPINICELLI, MARK**  
STREET ADDRESS **776 FOREST GLEN COURT**  
CITY-ST-ZIP **MAITLAND FL**

TITLE **CEO** ☐ Delete  
NAME **SPINICELLI, JOSEPH L.**  
STREET ADDRESS **776 FOREST GLEN COURT**  
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME  
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CITY-ST-ZIP

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: Mark Spinicelli 1-6-00 407-246-0443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25034 (0-00)