


**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90418 024 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L04000058077			
1. Entity Name INTECH AUDIO VIDEO, LLC			
Principal Place of Business 210 - 71ST STREET, SUITE 309 MIAMI BEACH, FL 33141		Mailing Address 210 - 71ST STREET, SUITE 309 MIAMI BEACH, FL 33141	
2. Principal Person of the Company 601 N Conserna Ave Suite, Apt. #, etc. 105		3. Mailing Address 270F DUFFY AVE Suite, Apt. #, etc.	
City & State Delray Beach		City & State Hicksville NY	
Zip 33483		Zip 11801	
County Palm Beach		County Nassau	
02102005 Chg-LLC		CP2E083 (10/03)	
4. FEI Number 36-4559656		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S 210 - 71ST STREET, SUITE 309 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name: ROY MUSSAFFI Street Address (P.O. Box Number is Not Acceptable) 601 N CONSERNA AVENUE City: DELRAY BEACH FL Zip Code: 33483	
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: <i>Roy Mussaffi</i> member / Reg Agent x 3/29/05 Signature, in ink or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when transferring.)			
Filing Fee is \$90.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MUSSAFFI, ROY 210 - 71ST STREET, SUITE 309 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MUSSAFFI, ROY CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3320 N.E. 19016 ST AVENUE FL 33180
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEMBER SMITH, ERIC PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 270F DUFFY AVE HICKSVILLE NY 11801
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEMBER YOKEL, KEN EXEC VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 270F DUFFY AVE HICKSVILLE NY 11801
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. This I am a managing member or manager of the limited liability company or the receiver or trustee appointed to prepare this report as required by Chapter 600, Florida Statutes.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/29/05 (911) 921-6500 Date Filing Time	