2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L61543

Entity Name: AUDIO VISUAL SUPPORT SERVICE, INC.

Apr 22, 2002 8:00 AM Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
oarrent i interpar i tace of basi	11000.	i illioipai i lace di Da.	JIII ~ JJ.

4803 GEORGE RD **SUITE #340**

TAMPA, FL 33634 US

Current Mailing Address: New Mailing Address:

4803 GEORGE RD P.O. BOX 13537

SUITE #340 TAMPA, FL 33681 US TAMPA, FL 33634 US

FEI Number: 59-3011098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICHARDSON, EDWARD J. 101 E. KENNEDY BLVD. **SUITE 2800** TAMPA, FL 33602 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD () Delete Title: (X) Change () Addition

GILBERT, JEFF T., GILBERT, JEFF T MR. Name: Name: 18639 SAN RIO CIRCLE 18639 SAN RIO CIRCLE Address: Address:

LUTZ, FL 33549 City-St-Zip: LUTZ, FL City-St-Zip:

Title: PTD Title: (X) Change () Addition () Delete CLEMENTS, ROBERT M MR. Name: CLEMENTS, ROBERT M., Name: 3216 W WALLCRAFT AVE Address: 3216 W WALLCRAFT AVE Address: TAMPA, FL 33611 TAMPA, FL 33611 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ROBERT M. CLEMENTS **PRES** 04/22/2002