2008 FOR PROFIT CORPORATION

May 01, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P0000005996 05-01-2008 90206 015 ***150.00 AUDIO INSTALLATION AND SERVICES, INC. Principal Place of Business Mailing Address 648 FLORIDA CENTRAL PARKWAY PO BOX 522675 ORLANDO, EL 32829 LONGWOOD, FL 32752 US 2. Principal Place of Business 3. Mailing Addr Suite, Apt. #, etc. 03122008 CR2E034 (12/06) iy & State Tamon City & State 4. FEI Number Applied For 59-3619281 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANFORTH, KEVIN N.PRES. 648 FLORIDA CENTRAL PARKWAY Street Address (P.O. Box Number is Not Acceptable) LONGWOOD, FL 32750-Zip Code City FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES TITLE ☐ Delete THILE K Change Addition Kevin Danforth. Pres NAME DANFORTH, KEVIN N PRES NAME P O BOX 522675 STREET ADDRESS 648 FLORIDA CENTRAL PARKWAY STREET ADDRESS Longwood, F1 32752-2675 CITY-ST-ZIP LONGWOOD, FL-32750-CITY-ST-ZIP TITLE TITLE **Z** Delete □ Change Addition NAME DANFORTH, MARC SEC NAME STREET ADDRESS 1051 SPRING GARDEN STREET STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 CITY-ST-ZIP TITLE TITLE Delete 🗆 Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP