

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90121 007 ***150.00

DOCUMENT # P02000065934

1. Entity Name
AV ENTERTAINMENT, INC.



Principal Place of Business

**10630 DWIGHTS RD
CLERMONT FL 34711**

Mailing Address

**10630 DWIGHTS RD
CLERMONT FL 34711**

2. Principal Place of Business

10630 DWIGHTS RD

Suite, Apt. #, etc.

3. Mailing Address

10630 DWIGHTS RD

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

CLERMONT FL

Zip

34711

Country

USA

Zip

34711

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-368-5231

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARRELL, VANWAGNER

10630 DWIGHTS RD

CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name =

DARRELL VANWAGNER

Street Address (P.O. Box Number is Not Acceptable)

10630 DWIGHTS RD

City

CLERMONT

FL

Zip Code

34711

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **VANWAGNER, DARRELL**
STREET ADDRESS **10630 DWIGHTS RD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VPD** ☐ Delete
NAME **AUGUSTINE, SHAWN**
STREET ADDRESS **350 COUNTRY LAKES CIRCLE**
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **CD** ☒ Delete
NAME **FLYNN, RACHAEL**
STREET ADDRESS **11501 OSPREY POINTE BLVD**
CITY-ST-ZIP **CLERMONT FL 34736**

TITLE **CFOD** ☒ Delete
NAME **AUGUSTINE, CHERYL**
STREET ADDRESS **350 COUNTRY LAKES CIRCLE**
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **SD** ☐ Delete
NAME **VANWAGNER, DARRELL**
STREET ADDRESS **10630 DWIGHTS RD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

DATE

352-516-4768

Daytime Phone #

CR2E034 (10/02)