

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000037000

FILED
Nov 03, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA AUDIO VIDEO SYSTEMS INC.

Current Principal Place of Business:

688 FLORIDA CENTRAL PKWY.
LONGWOOD, FL 32750

New Principal Place of Business:

536 NOTRE DAME DRIVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

688 FLORIDA CENTRAL PKWY.
LONGWOOD, FL 32750

New Mailing Address:

P.O. BOX 163054
ALTAMONTE SPRINGS, FL 32716

FEI Number: 75-3108529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
773 4TH AVE. NORTH, SUITE E
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS () Change (X) Addition
Name: HEDRICK, SUSANN E DIR
Address: P.O. BOX 163054
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: MR () Change (X) Addition
Name: HEDRICK, BRIAN M VP
Address: P.O. BOX 163054
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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: SUSANN HEDRICK

DIR

11/03/2004

Electronic Signature of Signing Officer or Director

Date