

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066348

FILED
Jan 23, 2008
Secretary of State

Entity Name: AVID SOLUTIONS & SUPPORT, INC.

Current Principal Place of Business:

1001 RAGSDALE ROAD
OVIEDO, FL 32763

New Principal Place of Business:

1001 RAGSDALE ROAD
OVIEDO, FL 32765

Current Mailing Address:

1001 RAGSDALE ROAD
OVIEDO, FL 32763

New Mailing Address:

1001 RAGSDALE ROAD
OVIEDO, FL 32765

FEI Number: 41-2135195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, STEVEN K
1001 RAGSDALE ROAD
OVIEDO, FL 32763 US

Name and Address of New Registered Agent:

LONG, STEVEN K
1001 RAGSDALE ROAD
OVIEDO, FL 32765 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:

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LONG, STEVEN K
Address: 1001 RAGSDALE ROAD
City-St-Zip: OVIEDO, FL 32763

Title: VP () Delete
Name: LONG, MICHELLE L
Address: 1001 RAGSDALE ROAD
City-St-Zip: OVIEDO, FL 32763

Title: SEC () Delete
Name: LONG, MICHELLE L
Address: 1001 RAGSDALE ROAD
City-St-Zip: OVIEDO, FL 32763

Title: TREA () Delete
Name: LONG, STEVEN K
Address: 1001 RAGSDALE ROAD
City-St-Zip: OVIEDO, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LONG, STEVEN K
Address: 1001 RAGSDALE ROAD
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change () Addition
Name: LONG, MICHELLE L
Address: 1001 RAGSDALE ROAD
City-St-Zip: OVIEDO, FL 32765

Title: SEC (X) Change () Addition
Name: LONG, MICHELLE L
Address: 1001 RAGSDALE ROAD
City-St-Zip: OVIEDO, FL 32765

Title: TREA (X) Change () Addition
Name: LONG, STEVEN K
Address: 1001 RAGSDALE ROAD
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHELLE LONG

VP

01/23/2008

Electronic Signature of Signing Officer or Director

Date