

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000097353

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** OPTIMUM VIDEO / AUDIO SOLUTIONS CORP

**Current Principal Place of Business:**

172 4TH ST  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

172 4TH ST  
NAPLES, FL 34113

**New Mailing Address:**

**FEI Number:** 20-3132225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OCONNER, MICHAEL C  
172 4TH ST  
NAPLES, FL 34113 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:** MICHAEL C. O'CONNER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** OCONNER, MICHAEL C  
**Address:** 172 4TH ST  
**City-St-Zip:** NAPLES, FL 34113

**Title:** TREA  
**Name:** OCONNER, GRACE A  
**Address:** 172 4TH ST  
**City-St-Zip:** NAPLES, FL 34113

**Title:** VP  
**Name:** OCONNER, NICHOLAS R  
**Address:** 172 4TH ST  
**City-St-Zip:** NAPLES, FL 34112

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL C. O'CONNER

P

09/28/2010

Electronic Signature of Signing Officer or Director

Date