

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009509

Entity Name: PROLOGIC AUDIO VISUAL, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

855 PALM COVE DRIVE
ORLANDO, FL 32835

New Principal Place of Business:

2457-A S. HIAWASSEE RD
SUITE # 142
ORLANDO, FL 32835

Current Mailing Address:

855 PALM COVE DRIVE
ORLANDO, FL 32835

New Mailing Address:

2457-A S. HIAWASSEE RD
SUITE # 142
ORLANDO, FL 32835

FEI Number: 20-4134463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASQUEZ, GUS A GM
855 PALM COVE DRIVE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

VASQUEZ, GUS A GM
2457-A S. HIAWASSEE RD
SUITE # 142
ORLANDO, FL 32835 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: GUS VASQUEZ

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VASQUEZ, GUS A GM
Address: 855 PALM COVE
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VASQUEZ, GUS A GM
Address: 2457-A S. HIAWASSEE RD SUITE # 142
City-St-Zip: ORLANDO, FL 32835 US

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: GUS VASQUEZ

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date