

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000139

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** DISTRIBUTION VIDEO & AUDIO, INC.

**Current Principal Place of Business:**

133 CANDY LANE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

133 CANDY LANE  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 52-2216786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUGLER, BRAD  
133 CANDY LANE  
PALM HARBOR, FL 34683 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

**OFFICERS AND DIRECTORS:**

**Title:** DPCE  
**Name:** KUGLER, BRAD  
**Address:** 2949 LANDMARK WAY  
**City-St-Zip:** PALM HARBOR, FL 34684

**Title:** DST  
**Name:** KUGLER, RYAN  
**Address:** 4111 W ALAMEDA #305  
**City-St-Zip:** BURBANK, CA 91505

**Title:** D  
**Name:** KUGLER, BENJAMIN R  
**Address:** 2852 CHELSEA PLACE  
**City-St-Zip:** S CLEARWATER, FL 33759

**Title:** D  
**Name:** JOHNSON, ANDREW  
**Address:** 618 LIGHTHOUSE AVENUE #277  
**City-St-Zip:** PACIFIC GROVE, CA 93950

**Title:** D  
**Name:** KUGLER, TODD  
**Address:** 2292 MACKENZIE COURT  
**City-St-Zip:** CLEARWATER, FL 33765

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:** BRAD KUGLER

CEO

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date