

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90181 050 \*\*\*150.00

DOCUMENT # **P94000081847**

1. Entity Name  
**AUDIO VIDEO DESIGN, INC.**



Principal Place of Business  
**709 J SILVER PALM AVE  
MELBOURNE FL 32901  
US**

Mailing Address  
**709 J SILVER PALM AVE  
MELBOURNE FL 32901  
US**



2. Principal Place of Business  
**1660 ALPHA DR,  
Suite, Apt. #, etc.**

3. Mailing Address  
**1660 ALPHA DR.  
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State  
**MELBOURNE FL**

City & State  
**MELBOURNE FL**

4. FEI Number **65-0533810**

Applied For  
Not Applicable

Zip **32935**

Country **US**

Zip **32935**

Country **US**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDERMOTT, SHAWN  
709 J SILVER PALM AVE  
MELBOURNE FL 32901**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1660 ALPHA DRIVE**  
City **MELBOURNE** FL **32935**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, type or printed name of registered agent and title if applicable.

**3/16/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCDERMOTT, SHAWN</b> <b>709 J SILVER PALM AVE</b> <b>MELBOURNE FL 32901</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCDERMOTT SHAWN</b> <b>1660 ALPHA DR.</b> <b>MELBOURNE FL 32935</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/16/03 321 255 1616**  
Date Daytime Phone #

CR2E034 (10/02)