

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.

3. Mailing Address

1660 ALPHA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32935

Country

US

Zip

32935

Country

US

6. Name and Address of Current Registered Agent

MCDERMOTT, SHAWN
709 J SILVER PALM AVE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1660 ALPHA DRIVE

City

MELBOURNE

FL

Zip

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/03

DATE

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/03 321 255 1616

Date

Daytime Phone #

CR2E034 (10/02)