2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90146 029 ***150.00

DOCUMENT # P96000020492

1. Entity Name
HILL AUDIO VISUAL, INC.

50047215

Principal Place of Business	Mailing Address
~~3685 INVESTMENT LANE, SUITE 3~~	~~3685 INVESTMENT LANE, SUITE 3~~
~~RIVIERA BEACH, FL 33404~~	~~RIVIERA BEACH, FL 33404~~

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3925 UNIT 27 Investment Lane		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Riviera Beach, FL		City & State: SAME	
Zip: 33404	Country: USA	Zip: 33404	Country: USA

4. FEI Number: 65-0649888 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILL, THOMAS
~~3625 INVESTMENT LANE #3~~
~~WEST PALM BEACH, FL 33404~~

7. Name and Address of New Registered Agent

Name: HILL, THOMAS
Street Address (P.O. Box Number is Not Acceptable): 3925 UNIT 27 INVESTMENT LANE
City: RIVIERA BEACH FL Zip Code: 33404

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HILL, THOMAS F		NAME		
STREET ADDRESS	~~3685 INVESTMENT LANE, SUITE 3~~		STREET ADDRESS	3925 UNIT 27 INVESTMENT LANE	
CITY-ST-ZIP	~~RIVIERA BEACH, FL 33404~~		CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #