


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000033100 1. Entity Name KVL AUDIO VISUAL SERVICES OF FLORIDA, INC.	
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Principal Place of Business KVL OFFICE AT THE AMELIA ISLAND PLANTATION P.O. BOX 3000 AMELIA ISLAND, FL 32035	Mailing Address 466 SAW MILL RIVER ROAD ARDSLEY, NY 10502
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0658651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORETTO, DEAN 2520 N ANDREWS EXT POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO — LIEBERMAN, LES L 55 SEACORD ROAD NEW ROCHELLE, NY 10804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LIEBERMAN, BARBARA 55 SEACORD ROAD NEW ROCHELLE, NY 10804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO PRIGNANO, NICK 7 SUNNY HILL DRIVE HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000172877
01/06/05-80012-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Nick Prignano</u> CFO	Date: <u>1/3/05</u>	Daytime Phone #: <u>914-479-3328</u>
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