2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033100

Address:

City-St-Zip:

7 SUNNY HILL DRIVE

HARRISON, NY 10528

Entity Name: KVL AUDIO VISUAL SERVICES OF FLORIDA, INC.

FILED Jan 03, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Plac	New Principal Place of Business:	
KVL OFFICE AT THE AMELIA ISLAND PLANTATION P.O. BOX 3000 AMELIA ISLAND, FL 32035		FIRST COAST HIGH	KVL OFFICE AT THE AMELIA ISLAND PLANTATION FIRST COAST HIGHWAY AMELIA ISLAND, FL 32035	
Current M	lailing Address:	New Mailing Addre	New Mailing Address:	
	MILL RIVER ROAD , NY 10502			
FEI Number	: 65-0658651 FEI Number Applied Fo	or () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered A	gent: Name and Address	Name and Address of New Registered Agent:	
), DEAN IDREWS EXT O BEACH, FL 33064 US			
	named entity submits this statement e of Florida.	for the purpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registe	ered Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution	().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PCEO () Delete LIEBERMAN, LES L 55 SEACORD ROAD NEW ROCHELLE, NY 10804	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete LIEBERMAN, BARBARA 55 SEACORD ROAD NEW ROCHELLE, NY 10804	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	CFO () Delete PRIGNANO, NICK	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: NICK PRIGNANO CFO 01/03/2008