

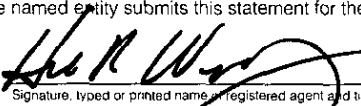
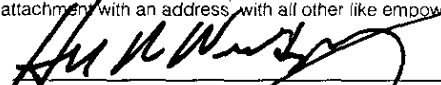
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90217 020 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000004658			
1. Entity Name AV DESIGNS, INC.			
Principal Place of Business 6489 PARKLAND DR SARASOTA, FL 34243		Mailing Address 6489 PARKLAND DR SARASOTA, FL 34243	
2. Principal Place of Business 7648 LOCKWOOD RIDGE RD Suite, Apt. #, etc.		3. Mailing Address 7648 LOCKWOOD RIDGE RD Suite, Apt. #, etc.	
City & State SARASOTA, FL Zip 34243		City & State SARASOTA, FL Zip 34243	
Country		Country	
4. FEI Number 65-0692708		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREWS, ORVILLE 6489 PARKLAND DR SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name: WOMELDORPH, HOWARD R. JR. Street Address (P.O. Box Number is Not Acceptable): 7648 LOCKWOOD RIDGE RD City: SARASOTA FL Zip Code: 34243	
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. SIGNATURE:  <i>Howard Womeldorph</i> 4/24/00 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME WOMELDORPH, HOWARD R. JR. <input type="checkbox"/> Delete STREET ADDRESS 6489 PARKLAND DR. CITY-ST-ZIP SARASOTA, FL 34243	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME WOMELDORPH, HOWARD R. JR. <input type="checkbox"/> Delete STREET ADDRESS 6489 PARKLAND DR. CITY-ST-ZIP SARASOTA, FL 34243	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME WOMELDORPH, HOWARD R. JR. <input type="checkbox"/> Delete STREET ADDRESS 6489 PARKLAND DR. CITY-ST-ZIP SARASOTA, FL 34243	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME WOMELDORPH, HOWARD R. JR. <input type="checkbox"/> Delete STREET ADDRESS 6489 PARKLAND DR. CITY-ST-ZIP SARASOTA, FL 34243
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		HOWARD WOMELDORPH 4/24/00 <small>Date Daytime Phone #</small>	