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May 10, 2001 8:00 am
Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024710
Corporation Name
AVG ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4903 NEW PROVIDENCE AVE. TAMPA FL 33629	4903 NEW PROVIDENCE AVE. TAMPA FL 33629

Date Incorporated or Qualified: 03/11/1997

1 Principal Place of Business	26 Mailing Address	FEI Number: 59-3458739	Applied For / Not Applicable
2 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	Certificate of Status Desired ☐	$8.75 Additional Fee Required
3 City & State	28 City & State	Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
4 Zip / 25 Country	29 Zip / 30 Country	This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

Name and Address of Current Registered Agent

GERVAIT, ANNA V
4903 NEW PROVIDENCE AVE.
TAMPA FL 33629

Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE X A. Gervait 4-27-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

LE D ME GERVAIT, ANNA V REET ADDRESS 4903 NEW PROVIDENCE AVE. Y-ST-ZIP TAMPA FL 33629	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
LE ME EET ADDRESS -ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
LE ME EET ADDRESS ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
E EET ADDRESS ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
ET ADDRESS ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
DRESS T-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

X A. Gervait 4-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE