

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060742

1. Entity Name

AUDIO VIDEO TECHNOLOGIES OF SANDESTIN, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90036 003 \*\*\*150.00

00018938



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10221 U S HWY 98 EAST 14 DESTIN FL 32541 US	10221 U S HWY 98 EAST 14 DESTIN FL 32541 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		10221 U.S. Hwy 98 East Suite, Apt. #, etc. Suite 11	
City & State		City & State Destin, FL	
Zip	Country	Zip	Country
32541	USA	32541	USA

4. FEI Number	59-3457554	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	7. Name and Address of New Registered Agent
PERRI, DANIEL C 5 CLIFFORD DR. SHALIMAR FL 32578	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROPENICK, JOHN J.	NAME	
STREET ADDRESS	129 CLEMENTS ST.	STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JAMES M	NAME	
STREET ADDRESS	PO BOX 49	STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, GAIL	NAME	
STREET ADDRESS	PO BOX 49	STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 lines empowered.

SIGNATURE: John Jay Kropenick John Jay KROPENICK 2/7/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)