


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90186 009 \*\*\*150.00

<b>DOCUMENT # P97000096823</b>					
1. Entity Name PATRICK DEHART AUDIO VISUAL, INC.					
Principal Place of Business 227 E. MICHIGAN AVE ORLANDO, FL 32806		Mailing Address 227 E. MICHIGAN AVE ORLANDO, FL 32806			
2. Principal Place of Business 235 E. Michigan St Suite, Apt. #, etc.		3. Mailing Address 235 E. Michigan St Suite, Apt. #, etc.			
City & State Orl FL		City & State Orl FL		4. FEI Number 59-3479659	
Zip 32806		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent DOYLE, HELEN J 227 E. MICHIGAN AVE ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 235 E. Michigan St City Orl FL Zip Code 32806			
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: <i>Helene J Doyle</i> DATE: <i>4/27/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, HELENE J 73 W. COLONIAL DRIVE ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, PETER A 73 W. COLONIAL DRIVE ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <i>Helene J Doyle</i> DATE: <i>4/27/04</i> DAYTIME PHONE #: <i>617-7745</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01282004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3479659 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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SIGNATURE: *Helene J Doyle* DATE: *4/27/04* DAYTIME PHONE #: *617-7745*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR