**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000036192

1. Corporation Name

AUDIO VISUAL PLANET, INC.

Principal	Place	of	Business
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Mailing Address

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90023 029 \*\*\*158.75

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	IAL DR.STE.216	7217 E. COLONIAL DRSTE.21	6		-				
ORLANDO FL 3	2807	ORLANDO FL 32807				DO NOT WRIT	TE IN THIS :	SPACE	
					1	Date Incorporated or Qualifed			
						04/20/1998			_ (
a Principal Pl	lace of Business	2a. Mailing Address	· · · · · · ·			FEI Number		- IVA	Applied For
	urry Ford Road	26			"				lot Applicable
Suite, Apt.	the state	Suite, Apt. #, etc.		<del></del>	+-		_/		Additional
^		27			5.	Certificate of Status Desired	Z		Required
City & State		City & State			+-	Election Campaign Financing			May Be
City & State	ndo,-Florida	28	<u> </u>		-  -6:	Trust Fund Contribution			to Fees
Zip Zip	Country	Zip	Country	,	1.	This corporation owes the curr	ent vear Inta		
0/	0 6 25 USA	29 30	<b>-</b>	,	°.	Personal Property Tax.	citt your mic	Yes	Ľ¶No ¦
24 5280	9. Name and Address of Curren		1		10.	Name and Address of New F	legistered A	Agent	
	g. Hame and Radioos of Carren		81	Name					
VON	PELET, ALEXANDER		L						
	E. COLONIAL DR.,STE.216		82			O. Box Number is Not Accepta	iDie)		
	ANDO FL 32807		83		<u>Cur</u>	ry reloc Rollo			
				Suite	· 3				
I			84				FL		Code
<b></b>		100 5		Orlar	<u>\dc</u>	)	Duroose of	changing i	ts registered
11. Pursuant	to the provisions of Sections 607.059 egistered agent or both, in the State	of Florida. Such change was auth	orized by	the corporation	on's bo	pard of directors. I hereby accep	t the appoin	itment as r	registered
agent. I a	to the provisions of Sections 607.050 egistered agent or both, in the State m familiar disk, and accept the obliga	tions of, Section 607.0505, Florida	Statutes	ŝ.				,	
SIGNATURE	Ma 6. Val						4/30/	<del>99</del>	
	Signature, typed or printed name of registered ager			nt signature required			DATE	D DIDECT	ODS IN 12
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	
TITLE	D NON BELET MEVANDED	☐ bereie	1.1 TITLE	ļ.				oago	
NAME	VON PELET, ALEXANDER		1.2 NAME						
STREET ADDRESS	12815 MARIBOU CIRCLE			TADDRESS					ľ
CITY-ST-ZIP	ORLANDO FL 32828		1.4 CITY-5	T-ZIP				Change	e Addition
TITLE		☐ DELETE	2.1 TITLE					Criange	,
NAME			2.2 NAME						ł
STREET ADDRESS			2.3 STREE	TADDRESS					
CITY-ST-ZIP			2.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	e ☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					1
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	e
NAME			4. 2 NAME	:					
STREET ADDRESS			4.3 STREE	TADDRESS					l
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	e Addition
NAME			5.2 NAME						l
STREET ADDRESS			5.3 STREE	T ADDRESS					'
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		DELETE	6.1 TITLE					Change	e Addition
NAME		_	6.2 NAME						
			ľ	ET ADDRESS					
STREET ADDRESS		i	6.4 CITY						

14. 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 a attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

407-898-8262