2002 UNIFORM BUSINESS REPORT (UBR)

P99000091545 DOCUMENT # 1. Entity Name AVP BROADCAST GROUP, INC.

Principal Place of Business

3043 CURRY FORD ROAD SUITE 3

ORLANDO FL 32806

Mailing Address

3043 CURRY FORD ROAD

SUITE 3

ORLANDO FL 32806





3. Mailing Address 2. Principal Place of Business 3043 Curry Ford Rd Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 3 Applied For City & State City & State 4. FEI Number 59-3641470 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PELET. ALEXANDER V Street Address (P.O. Box Number is Not Acceptable) 12349 SHADOW BROOK LANE ORLANDO FL 32828 Zip Code City 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 4-30-02 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE NAME VAN PELET, ALEXANDER NAME STREET ADDRESS 12349 SHADOW BROOK LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 trusted 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 appears, with all other like impowered.

SIGNATURE: