

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. AV Global Association
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

PO BOX 109
Mailing Address of Business

Quincy, FL 32353
City State Zip Code

3. Florida County of principal place of business: Gadsden
13 South Calhoun St 32331
(see instructions if more than one county)

4. FEI Number: 90-0446571

FILED

09 APR 21 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Talbert Gary D.
Last First M.I.

PO Box 15578
Address

Tallahassee, FL 32317
City State Zip Code

SS# [REDACTED] (mandatory)

2. _____
Last First M.I.

60911900248
Address

04/22/09--01002--009 **50.00
City State Zip Code

SS# _____ (not mandatory)

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____
Entity Name

_____ Address

_____ City State Zip Code

_____ Florida Registration Number

_____ FEI Number:

Applied for Not Applicable

2. _____
Entity Name

_____ Address

_____ City State Zip Code

_____ Florida Registration Number

_____ FEI Number:

Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 4/21/09
Signature of Owner Date

Phone Number: 850-228-4376

_____ Signature of Owner Date

Phone Number: _____

CR4E001 (8/01)

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

_____ Signature of Owner Date

_____ Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

FILING FEE: \$50

B 4/21/09