

FILE NOW: FILING FEE AFTER MAY 15 IS \$550.00

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90009 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2001
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000011126
1. Corporation Name
BEST AUDIO, INC. ✓

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 13716 NE 11TH AVE 26 574 NW 158TH LANE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 NORTH MIAMI, FL 28 PEMBROKE PINES, FL
Zip Country Zip Country
24 33161 25 Dade 29 33028 30 Broward

3. Date Incorporated or Qualified 2/1/00
4. FEI Number 65-0982429 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
81 Name JOSEPH K. NOFIL, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE ROAD 7
83
84 City LAUDERDALE LAKES FL 85 Zip Code 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE DATE 3/25/01

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P, ST DELETE
NAME DARUCAUD, MAX
STREET ADDRESS 574 NW 158TH LANE
CITY-ST-ZIP PEMBROKE PINES, FL 33028
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: [Signature] 3-13-01 305-891-4642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #