

02103
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - P01000048216

FILED

03 FEB 26 AM 8:22

1. Entity Name
AUDIO PLUS, INC

Principal Place of Business
1610 N MAIN STREET

KISSIMMEE, FL
34744

SECRETARY OF STATE
02/26/03 01055 FLORIDA ***300.00

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

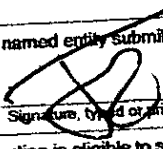
6. Name and Address of Current Registered Agent
CRUZ, IRIS L
1800 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

4. FEI Number
58-1844860

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

7. Name and Address of New Registered Agent
Name
JUAN J CRUZ, JR
Street Address (P.O. Box Number is Not Acceptable)
1610 N MAIN STREET
City
KISSIMMEE FL Zip Code
34744

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. 02/21/03

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2003 Fee will be \$200.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRUZ, IRIS L 12721 MAJORAMA DRIVE ORLANDO FLORIDA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CRUZ, JEFFREY 12721 MAJORAM DRIVE ORLANDO, FLORIDA	<input checked="" type="checkbox"/> Delete	PD JUAN J CRUZ, JR 401 FOUNTAINHEAD CIRCLE APT 256 KISSIMMEE, FLORIDA 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRUZ, JUAN 12721 MAJORAMA DR ORLANDO, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 02/21/03
Date Daytime Phone #

CR2E034 (9/99)

JJ 2/27

January 13, 2003

Audio Plus, Inc
1610 N Main Street
Kissimmee, Florida 34744

Gentlemen:

Please be advised I have never received my annual report from your office.

Please abate the penalties.

I am enclosing my check in the amount of \$150.00 along with the application for 2002.

Yours truly,

Juan J Cruz, President