2002 UNIFORM BUSINESS REPORT (UBR)

SQUATURE AND TPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

SIGNATURE:

DOCUMENT # P98000036274 POWER ACOUSTICS, INC.						Secretary of State 02-07-2002 90324 007 ***150.00			
Principal Plac	ce of Business	Mailing Address							
756 RIVERBOUT CIRCLE ORLANDO FL 32828		756 RIVERBOUT CIRCLE ORLANDO FL 32828							
Principal Place of Business 3. Mailing Address			ess						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	FEI Number 59-3500644		oplied For		
Zip	Country	Zip	Count	ry	5. (Certificate of Status Desired	\$8.75 Add	ditional	
	6Name and Address of Current Re	gistered Agent]		7.7	Name and Address of New Register			
PARZYCH, DAVID J 756 RIVERBOAT CIR ORLANDO FL 32828				Name Street Address (P.O. Box Number is Not Acceptable)					
		City				FL Zip Code			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis .9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Comparison of the properties of the prop			! FEE ! 2 Fee v	vill be \$550.	00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be I to Fees	
11.	OFFICERS AND DI		12.		AD	DITIONS/CHANGES TO OFFICERS		(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARZYCH, DAVID 756 RIVERBOAT CIR ORLANDO FL 32828	☐ Delete		T ADDRESS ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PARZYCH, MAIDEEN 756 RIVERBOAT CIR ORLANDO FL 32828	☐ Delete		T ADDRESS : ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			Change	^^Additión~	
TITLE Name Street address City-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	•		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CHY-S	T ADDRESS ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with thi on this report or supplemental report is tru poration or the received or trustee empower or on an attachment with an ald dress, with	ue and accurate and that my ered to execute this report a	/ signatu	ire shall have	the same I	egal effect as if made under oath: tha	it I am an officer o	or director	

Date