FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am Secretary of State P99000088126 DOCUMENT # 1. Entity Name SCHENK AUDIO, INC. 04-21-2002 90914 043 ***150 00 Mailing Address Principal Place of Business C/O ROBERT FELDMAN, ESQ. 5125 PALMETTO DR. 300 SEVILLA AVE #305 MELBOURNE BEACH FL 32951 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business c/o R L Feldman, Esq. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 8900 SW 107 Ave., Suite 203 Applied For City & State City & State 4. FEI Number 59-3611163 Not Applicable Miami FL 💯 Country \$8,75 Additional Zip Zip 5. Certificate of Status Desired **USA** 33176 Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent. FELDMAN, ROBERT L FELDMAN, ROBERT L Street Address (P.O. Box Number is Not Acceptable) $8900 \, \mathrm{SW} \, 107 \, \mathrm{Ave}$ 300 SEVILLA AVE, SUITE 305 . 5.9998 - 800. CORAL GABLES FL 33134 Suite 203 经债品 高野寶 ·斯特敦思維制領標F. 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 Prorida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so.º Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE SCHENK, SCOTT NAME NAME 5125 PALMETTO DR STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FL 32951 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition **PSTD** ☐ Delete TITLE ☐ Change TITLE BOACH, PATTI NAME NAME 5125 PALMETTO DR STREET ADDRESS STREET ADDRESS **MELBOURNE BEACH FL 32951** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 14 / 36 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change. ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 indicated on this report or 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 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:

13. Thereby 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