FILED

2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 287468 04-28-2003 91833 017 ***150.00 1. Entity Name AUDIO SYSTEMS OF FLORIDA, INC. Principal Place of Business Mailing Address 1985 CORPORATE SQUARE 1985 CORPORATE SQUARE LONGWOOD FL 32750 LONGWOOD FL 32750 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1082792 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SICK, WILSON W., JR. - -Street Address (P.O. Box Number is Not Acceptable) 1985 CORPORATE SQUARE LONGWOOD FL 32750 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VPD X Addition TITLE ☐ Delete SICK, WILSON W., JR. NAME NAME : Virginia HInst STREET ADDRESS 1985 CORPORATE SQUARE STREET ADDRESS 978 Palm Springs Drive CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL Altamonte Springs, Fl. 32701 ☐ Delete Addition TITLE TITLE VDS VPD NAME NAME RUDD, MICKEY C Christopher Krall STREET ADDRESS STREET ADDRESS 5306 FERNHILL CT. 159 Circle Hill Road CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 00000 Sanford, Florida 32750 TITLE ☐ Delete TITLE ☐ Addition PD NAME NAME SICK, III W STREET ADDRESS 1985 CORPORATE SQUARE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS

12. 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 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 repelver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

April 25, 2003 407-332-1985

Daytime Phone #