2006 FOR PROFIT CORPORATION

Mar 29, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #851081** 03-29-2006 90149 001 ***300.00 1. Entity Name STEREO TOWN, INC. Principal Place of Business Mailing Address 66007504 2875 NEEDMORE ROAD 2875 NEEDMORE ROAD DAYTON, OH 45414 DAYTON, OH 45414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03212006 Chg-P City & State City & State 4. FEI Number Applied For 58-1453001 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change TOMCHIN, LAWRENCE NAME NAME STREET ADDRESS 2875 NEEDMORE RD STREET ADDRESS CITY-ST-ZIP DAYTON, OH CITY-ST-ZIP DCE Rose, Stuart A TITLE Change ☐ Addition ☐ Delete TITLE NAME ROSE, STUART A NAME 2875 NEEDMORE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTON, OH ☐ Delete TITLE ☐ Change ☐ Addition TITI F BRUGGEMAN, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 2875 NEEDMORE RD CITY-ST-ZIP CITY-ST-7IP DAYTON, OH TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME KRESS, EDWARD M NAME 10 COURTHOUSE PLAZA SW STE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTON, OH 45402 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF

OFFICER DE DIRECTOR NED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED