## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

F01000003425

1. Entity Name

RECOTON MOBILE ELECTRONICS, INC.



Principal Place of Business Mailing Address C/O RECOTON CORPORATION C/O RECOTON CORPORATION 11038366 2950 LAKE EMMA DRIVE 2950 LAKE EMMA DRIVE LAKE MARY FL 32746 LAKE MARY FL 32746 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 59-3726877 Not Applicable Zip Country Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. I 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. PDCE CEO & Director ☐ Delete TITLE Change ☐ Addition BORCHARDT, ROBERT L NAME 2950 LAKE EMMA ROAD STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP ☐ Delete ٧Ŋ TITLE Change Addition MONT, STUART NAME 2950 LAKE EMMA ROAD STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP VSD ☐ Delete TITLE ☐ Change Addition MASSOT, JOSEPH H NAME 2950 LAKE EMMA ROAD STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP VTD ☐ Delete ☐ Change ☐ Addition KEZSBOM, ARNOLD 2950 LAKE EMMA ROAD STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP Delete TITLE Change | ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP

## **FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90374 032 \*\*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 receiver of 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 of the corporation or the receive changed, or on an attachment

SIGNATURE:

407.333.0900