
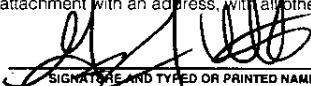


2004 FOR PROFIT CORPORATION ANNUAL REPORT

Florida

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91036 005 ***150.00

DOCUMENT # F02000005324 1. Entity Name LOUD TECHNOLOGIES INC.					
Principal Place of Business 16220 WOOD-RED ROAD NE WOODINVILLE, WA 98072			Mailing Address 16220 WOOD-RED ROAD NE WOODINVILLE, WA 98072		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 91-1432133			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIKER, GREG 16220 WOOD-RED ROAD NE WOODINVILLE, WA 98072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/DIV Leder, Mark 16220 Wood-Red Road NE Woodinville, WA 98072	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MACKIE, GREG 16220 WOOD-RED ROAD NE WOODINVILLE, WA 98072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV Krouse, Rodger 16220 Wood-Red Road NE Woodinville, WA 98072	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, RAYMOND 16220 WOOD-RED ROAD NE WOODINVILLE, WA 98072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV Terry, Clarence 16220 Wood-Red Road NE Woodinville, WA 98072	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GACEK, JON 16220 WOOD-RED ROAD NE WOODINVILLE, WA 98072	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV Skillen, Lynn 16220 Wood-Red Road NE Woodinville, WA 98072	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGEN, JAMES 16220 WOOD-RED ROAD NE WOODINVILLE, WA 98072	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV Couch, C. Daryl 16220 Wood-Red Road NE Woodinville, WA 98072	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST GARRARD, WILLIAM 16220 WOOD-RED ROAD NE WOODINVILLE, WA 98072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rea, George 16220 Wood-Red Road NE Woodinville, WA 98072	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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.					
SIGNATURE: 			Glenn J. Walcott		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/21/04 Daytime Phone # 425-402-6116		

34030946



ATTACHMENT

3/1050946
F02000005324

Loud Technologies
Additional Officers and Directors

ADDITION

Title	D
Name	Hollis, C. Daryl
Street Address	16220 Wood-Red Road NE
City-ST-Zip	Woodinville, WA 98072

Title	V/S/T
Name	O'Neil, Tim
Street Address	16220 Wood-Red Road NE
City-ST-Zip	Woodinville, WA 98072

Title	V
Name	Walcott, Glenn
Street Address	16220 Wood-Red Road NE
City-ST-Zip	Woodinville, WA 98072