2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

Mar 05, 2002 8:00 am Secretary of State DOCUMENT # F05339 1. Entity Name AUDICO CORPORATION 03-05-2002 90047 033 ***150.00 Principal Place of Business Mailing Address 6108-26TH ST. W #2 6108-26TH ST. W #2 **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 98-0052961 Not Applicable Zip Country Country Zip \$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 PASTER, SAUL Street Address (P.O. Box Number is Not Acceptable) 6108-26TH ST. W. #2 SUITE 204 **BRADENTON FL 34207** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Change ■ Addition NAME 🤳 PTACK MORTON NAME STREET ADDRESS 3333 GRAHAM #400 STREET ADDRESS **MONTREAL CA** CITY-ST-ZIP ☐ Delete **VPD** TITLE ☐ Change ☐ Addition SCHNARCH ROBERT NAME STREET ADDRESS 3333 GRAHAM #400 STREET ADDRESS CITY-ST-ZIP MONTREAL CA CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change STD NAME NAME LIPPMAN MURRAY STREET ADDRE STREET ADDRESS T-WESTMOUNT-SQUARE-10TH-PL CITY-ST-ZIP CITY-ST-ZIP MONTREAL CA TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 supplimental 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

FILED