

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90126 006 ***150.00

DOCUMENT # F48146

1. Entity Name
AUDIOCOM, INC.

Principal Place of Business **Mailing Address**
8100 OAK LANE PENTHOUSE 401 **8100 OAK LANE PENTHOUSE 401**
MIAMI FL 33016 **MIAMI FL 33016**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2155980**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELBINGER, RONALD
8100 OAK LANE PENTHOUSE 401
MIAMI LAKES FL 33016

Name
Stuart L. Ginsberg
Street Address (P.O. Box Number is Not Acceptable)
8100 Oak Lane #401
City **Miami Lakes** **FL** **Zip Code** **33016**

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.

Stuart L. Ginsberg **Executive V.P.**

SIGNATURE *Stuart L. Ginsberg* **4/29/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) **DATE**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **DEBLINGER, RONALD**
STREET ADDRESS **8100 OAK LANE PENT. 401**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **P, T, D** ☒ **Change** ☒ **Addition**
NAME **Arthur N. Hecht**
STREET ADDRESS **8100 Oak Lane #401**
CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP, S, D** ☐ **Change** ☒ **Addition**
NAME **Stuart L. Ginsberg**
STREET ADDRESS **8100 Oak Lane #401**
CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stuart L. Ginsberg* **4/29/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/01)