FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006227

1. Entity Name
SND ELECTRONICS, INC.

FILED
03 JUN -4 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10813 N.W. 30TH ST.	77 S. WATER ST
Suite, Apt. #, etc. SUITE 115	Suite, Apt. #, etc.
City & State MIAMI, FLA	City & State GREENWICH, CT
Zip 33172 Country METRO DADE	Zip 06830 Country FAIRFIELD

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2737186 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICES COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYES ST

City TALLAHASSE **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 _____ STEPHEN J. HOPKINS CONTROLLER 6/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	CHRISTOPHER R. DENISCO
STREET ADDRESS	TACONIC RD - 2&6
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	CFO
NAME	LESLY DERENONCOURT
STREET ADDRESS	30 MERRIMAN RD
CITY-ST-ZIP	STAMFORD, CT 06905
TITLE	CONTROLLER
NAME	STEPHEN J. HOPKINS
STREET ADDRESS	BRUCE PARK EXT #2
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	GREG HOPKINS ↗
NAME	PRESIDENT
STREET ADDRESS	245 CRANWOOD DR
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CONTROLLER STEPHEN J. HOPKINS 6/4/03 203-532-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #