

2000 UNIFORM BUSINESS RI

FILED

DOCUMENT # F97000001992

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90001 041 ***150.00

1. Entity Name

RECOTON AUDIO CORPORATION

Principal Place of Business

2950 LAKE EMMA RD
LAKE MARY FL 32746
US

Mailing Address

2950 LAKE EMMA RD
LAKE MARY FL 32746-3705
US

B0012760



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3346656

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERT L BORCHARDT	
STREET ADDRESS	2950 LAKE EMMA RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERMAN MIEDEMA	
STREET ADDRESS	2950 LAKE EMMA RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MONT, STUART	
STREET ADDRESS	2950 LAKE EMMA ROAD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MASSOT, JOSEPH H	
STREET ADDRESS	2950 LAKE EMMA ROAD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JAMES BRAUN	
STREET ADDRESS	2950 LAKE EMMA RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLYDE PODRAZA	
STREET ADDRESS	2950 LAKE EMMA RD	
CITY-ST-ZIP	LAKE MARY FL 32746	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #