

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90087 032 \*\*\*150.00

**DOCUMENT # F97000001992**

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  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**13-3346656**

Applied For

Not Applicable

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. 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	President, CEO, and Director	<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	VP and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, Secretary, and Director	<input checked="" 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

1-25-01

Date

407 333-0900

Daytime Phone #

CR2E034 (10/00)