## 2002 UNIFORM BUSINESS REPORT (UBR)

eport is true

SIGNING OFFICER OF DIRECTOR

ddress

of the corporation or the receiver or tru changed, or on an attachment with an

## Mar 25, 2002 8:00 am 5 Secretary of State DOCUMENT # F98000000731 1. Entity Name 03-25-2002 90106 009 \*\*\*150.00 RECOTON HOME AUDIO, INC. Principal Place of Business Mailing Address 535 GETTY COURT, BLDG "A" 2950 LAKE EMMA RD BENECIA CA 94510 LAKE MARY FL 32746 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-3718266 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Change TITI F ☐ Delete NAME NAME MONT, STUART STREET ADDRESS 2950 LAKE EMMA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL President, CEO, + Director ☐ Addition ☐ Delete TITLE XX Change TITLE NAME NAME BORCHARDT, ROBERT L STREET ADDRESS STREET ADDRESS 2950 LAKE EMMA ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL Vice President, Secretary x Director Change ☐ Addition TITLE ☐ Delete TITLE NAME-NAME \_ MASSOT, JOSEPH H ---STREET ADDRESS STREET ADDRESS 2950 LAKE EMMA ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ▼ Delete TITLE ☐ Change Addition TITLE BRAUN, JAMES NAME NAME STREET ADDRESS 2950 LAKE EMMA ROAD' STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE V. T.D ☐ Delete TITLE ☐ Change Addition NAME ARNOLD Kessbom STREET ADDRESS STREET ADDRESS Lake Emm Rd. 2950 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplindicated on this report or supplemental ed with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 see empty of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**