

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001801

1. Entity Name

ANTENNA AUDIO INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90124 038 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 176  
SAUSALITO CA 94966

P.O. BOX 176  
SAUSALITO CA 94966-0176

2. Principal Place of Business

Bldg 1058 Ft Cronkuite

3. Mailing Address

P.O. Box 176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sausalito CA

City & State

Sausalito CA

4. FEI Number

94-3295167

Applied For

Not Applicable

Zip

Country

94965 USA

Zip

Country

94966 USA

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete  
NAME WALKER, PADDY  
STREET ADDRESS 338 EUSTON RD.  
CITY-ST-ZIP LONDON NW1 3AB

TITLE ☐ Change ☐ Addition  
NAME none  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PT ☐ Delete  
NAME MOSS, HARRIET  
STREET ADDRESS BLDG 1058 FT CROWKUIE  
CITY-ST-ZIP SAUSALITO CA 94965

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

TITLE CS ☐ Delete  
NAME TELLIS, CHRIS  
STREET ADDRESS BLDG 1058 FT CRONKUIE  
CITY-ST-ZIP SAUSALITO CA 94965

TITLE ☒ Change ☐ Addition  
NAME chairman  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Candace Killian  
CITY-ST-ZIP bldg 1058 Ft. Cronkuite  
SAUSALITO, CA 94965

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

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: C. Killian Candace Killian 3/28/00 415 332-4862  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #