2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

F98000001801

1. Entity Name



ANTENNA AUDIO INC. Principal Place of Business Mailing Address P.O. BOX 176 P.O. BOX 176 BLDG 1058 **BLDG 1058** SAUSALITO CA 94966 SAUSALITO CA 94966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 94-3295167 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent. -7. Name and Address of New Registered Agent - -CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) " FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE ☐ Change NAME DESMARAIS, PAMELA NAME RICHARD WHITTOW STREET ADDRESS BLDG 1058 FT, CROWKUITE STREET ADDRESS bldg 1058 ft cronkite CITY-ST-ZIP SAUSALITO CA 94965 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change S NAME NAME THOMPSON, MARJORIE STREET ADDRESS STREET ADDRESS **BLDG 1058 FT CROWKUITE** CITY-ST-ZIP CITY-ST-ZIP SAUSALITO CA 94965 Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME ZULIK, STETAN STREET ADDRESS STREET ADDRESS **BLDG 1058 FT CRONKUITE** CITY-ST-ZIP CITY-ST-ZIP SAWSALITO CA 94965 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME

FILED Jul 03, 2003 8:00 am Secretary of State

07-03-2003 90035 022 ***550.00

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

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 Block 11 if changed, or on an attachment with all other like empowered

SIGNATURE:

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