2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # F9800003421 RECOTON EUROPEAN HOLDINGS, INC. 02-05-2001 90087 036 ***150.00 Principal Place of Business Mailing Address * RECOTON CORPORATION % RECOTON CORPORATION 2950 LAKE EMMA ROAD 2950 LAKE EMMA ROAD 711115 LAKE MARY FL 32746 LAKE MARY FL 32746 A 1940 MARIA 1850 BARNA BA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3764914 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PC TITLE ☐ Delete TITLE President, CEO and Director & Change NAME BORCHARDT, ROBERT L NAME STREET ADDRESS STREET ADDRESS 2950 LAKE EMMA ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE ☐ Delete TITLE Change ☐ Addition VP and Director NAME MONT, STUART NAME STREET ADDRESS 2950 LAKE EMMA ROAD STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP -THILE . Delete TITLE. VP, Secretary, and Director Kl Change NAME MASSOT, JOSEPH H NAME STREET ADDRESS 2950 LAKE EMMA ROAD STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 a owered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR