

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64806

Entity Name: AUDIO ADVISORS, INC.

FILED  
Apr 03, 2009  
Secretary of State

**Current Principal Place of Business:**

2271 PALM BEACH LAKES BOULEVARD  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

2271 PALM BEACH LAKES BOULEVARD  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

FEI Number: 59-2326158      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PARRISH, STEVEN ESQ.  
ONE NORTH CLEMATIS STREET  
SUITE 500  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOOVER, JEFFREY  
Address: 509 MARGINAL RD  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP ( ) Delete  
Name: WEINSTOCK, WAYNE  
Address: 9432 LAKE SERENA DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: VP ( ) Delete  
Name: LOZOTT, JAMES W  
Address: 12688 89TH PLACE NORTH  
City-St-Zip: WEST PALM BEACH, FL 33412 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF HOOVER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR

04/03/2009

\_\_\_\_\_ Date