


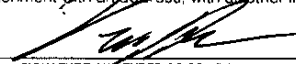
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90404 021 ***150.00

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DOCUMENT # H63579					
1. Entity Name UNITED SPEAKER SYSTEMS, INC.					
Principal Place of Business % WILLIAM HECHT 6400 YOUNGERMAN CIR. JACKSONVILLE, FL 32244			Mailing Address % WILLIAM HECHT 6400 YOUNGERMAN CIR. JACKSONVILLE, FL 32244		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04262007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2745438	
				Applied For Not Applicable	
				5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HECHT, WILLIAM 6400 YOUNGERMAN CIR. JACKSONVILLE, FL 32244			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, WILLIAM		NAME		
STREET ADDRESS	6400 YOUNGERMAN CIR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	CTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBEST, CHRIS		NAME		
STREET ADDRESS	6400 YOUNGERMAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, KENNETH		NAME		
STREET ADDRESS	6400 YOUNGERMAN CIR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 exemptions contained 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 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 an address, with all other like empowered.					
SIGNATURE: 		KENNETH HECHT		4-27-07 904-777-0700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	