

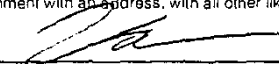


## 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # H63579</b> 1. Entity Name <b>UNITED SPEAKER SYSTEMS, INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>08 NOV 12 AM 9:04</b>							
Principal Place of Business % WILLIAM HECHT 6400 YOUNGERMAN CIR. JACKSONVILLE, FL 32244				Mailing Address % WILLIAM HECHT 6400 YOUNGERMAN CIR. JACKSONVILLE, FL 32244				  10242008 REIN-P CR2E098 (1/07)					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>59-2745438</b>		<input type="checkbox"/> Applied For						<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
City & State		City & State		Zip		Country							
City & State		City & State		Zip		Country							
6. Name and Address of Current Registered Agent  <b>HECHT, WILLIAM</b> <b>6400 YOUNGERMAN CIR.</b> <b>JACKSONVILLE, FL 32244</b>					7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>													
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2009, Fee will be \$900.00</b>													
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HECHT, WILLIAM 6400 YOUNGERMAN CIR. JACKSONVILLE, FL <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	300137845553 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/12/08--01023--008 **758.75							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CSTD COMBEST, CHRIS 6400 YOUNGERMAN CIRCLE JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HECHT, KENNETH 6400 YOUNGERMAN CIR. JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B 11/13/08 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 08 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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: 					10/28/08								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					<small>Date</small>								
					<small>Daytime Phone #</small>								