

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001206

1. Entity Name

AUDIOVOX SPECIALIZED APPLICATIONS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -5 AM 10: 02

Principal Place of Business

15 EAST NORTH STREET
DOVER DE 19901

Mailing Address

15 EAST NORTH STREET
DOVER DE 19901

2. Principal Place of Business

3. Mailing Address

23319 Cooper Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Elkhart IN

4. FEI Number

35-1844572

Applied For

Not Applicable

Zip

Country

Zip

Country

46514

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SLOMICK, PHILLIP
18757 SW 31ST STREET
DUNNELLON FL 34433

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 5045 S.E. 11th Drive
City: Bushnell
100003390981--2
09/13/00--01014--025
*****50.00
3513

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

Phillip A. Slomick

8/29/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: AUDIOVOX CORPORATION Delete
STREET ADDRESS: 150 MARCUS BLVD.
CITY-ST-ZIP: HAUPPAUGE NY 11788

TITLE: ~~18757 SW 31ST STREET~~
NAME: ~~DUNNELLON FL 34433~~
STREET ADDRESS: ~~18757 SW 31ST STREET~~
CITY-ST-ZIP: ~~DUNNELLON FL 34433~~
 Change Addition

TITLE: MGRM
NAME: ASA ELECTRONICS CORPORATION Delete
STREET ADDRESS: 23319 COOPER DRIVE
CITY-ST-ZIP: ELKHART IN 46514

TITLE: ~~100003390981~~
NAME: ~~09/13/00~~
STREET ADDRESS: ~~*****50.00~~
CITY-ST-ZIP: ~~3513~~
 Change Addition

TITLE: Delete

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Phillip A. Slomick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/29/00
Date

219/264-3135
Daytime Phone #

CR2E:088 (5/00)