## 2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORM BUS	ME33 NEFU	ni (UPN	<u></u>				- ,
DOCUMENT # M9800001206  1. Entity Name					FILED ARY OF STATE F CORPORATIONS	`		
AUDIOVOX SPECIALIZED APPLICATIONS, LLC					FCORPORATIONS			
			•		-5 AM 10: 02			
Principal Plac	e of Business	Mailing Address		OU SEP	-2 MILIO. 05			
15 EAST NORTH STREET 15 EAST NORTH STREET								
DOVER DE 19901 DOVER DE 19901			•			*1	•	
						1 <b>8</b> 1 11 <b>818</b> 1181		
2. Principal P	lace of Business	3. Mailing Address						
		23319 Cooper Drive						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SE	ACE		
City & State		City & State El Knort In		4. FEI N	35-1844572	No	oplied For ot Applicable	<u> </u>
Zip	Country	7 Hu514	Country	5. Certif		5.00 Add		
	6. Name and Address of Current			7. Name	and Address of New Registered Ag			
: ·		Same	لتقسد بمعاشفها والمستنبي والمستنبط والمستنبط والمستنبط	<del>- 1</del>		-		
SLOMICK			Street Add	ress (P.O. Box N	(P.O. Box-Number is Not Acceptable).			
	V 31ST STREET		<u></u>	<u> </u>	100003390	981	2	1
DUNNELL	ON FL 34433		64.	<del></del>		1014-		
			City Bu	ushnell	*****50 <b>Fd</b> 9	<b>1335</b>	<b>133.00</b>	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	gistered agent, o	or both, in the State of Florida.			
DIOLUTION	Ph Ila H		8/29	OO				
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature	required when reinstation				
		FILE NO	)W!!! FEE IS \$50	0.00			•	
		Make Check Pay	able to Departme	ent of State			ļ	
9.	MANAGING MEMBE	BS/MANAGERS	I 10.		ADDITIONS/CHANGES			ł
TITLE	MGRM	Defete	TITLE			☐ Change	Addition	2
NAME	AUDIOVOX CORPORATION		NAME		14000000000000000000000000000000000000	يا نتنارز		100
STREET ADDRESS CITY-ST-ZIP	150 MARCUS BLVD. HAUPPAUGE NY 11788		STREET ADDRESS CITY-ST-ZIP		,			1
TITLE	MGRM	Delete	TITLE			Change	Addition	è
NAME	ASA ELECTRONICS CORPORATI	ON	NAME					
STREET ADDRESS CITY-ST-ZIP	23319 COOPER DRIVE		STREET ADDRESS City-St-Zip					
TITLE	ELKHART IN 46514	Delete	TITLE			Change	Addition_	ĺ
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				andi	-
TITLE		☐ Delete	TITLE		1000	Change-u	L Add to 1	[4  4
NAME		_ 50,010	NAME		<b>-</b> ₽	<del>₮₰₺⋷</del> ₥ ₩₩₩₽₽	ე— ა მΩ ≐ <u>—</u>	سِا
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		<b>ች</b> ቶ	<u>karada</u>	<del>00</del>	\ \frac{1}{2}
TITLE		□ Defete	TITLE			Change	☐ Addition	
NAME	1	L Delete	NAME		•			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	<u> </u>	□ Delete	TITLE			Change	☐ Addition	
NAME		C Deserte	NAME				- June - June 1977	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	partify that the information a unnice with	the filing does not available for	CITY-ST-ZIP	Lin Section 110 (	7(3)(i) Florida Statutae I further cortif	v that the ir	formation	-
11. I hereby certify that the information supplies 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 accourage and that my signature small 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.								
010114		MEZZEOW	RED		8balon 219laus	u - 212	<	
SIGNAT	SIGNATURE AND TYPED OR PRIM	ITED NAME OF SIGNING MANAGING A	KEMBER OR MANAGER		<u> </u>	time Phone #	<u>-</u>	