FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000022670 1. Entity Name RNL AUDIO, INC.					Feb 26, 2002 8:00 am Secretary of State 02-26-2002 90137 035 ***150.00		
Principal Place of Business Mailing Address 1944 NW 54TH AVE 1944 NW 54TH AVE MARGATE FL 33063 MARGATE FL 33063							
2. Principal 5035 Suite, Apt	Place of Business NW 37 AVE t. #, etc.	3. Mailing Address 5035 NW 3 Suite, Apt. #, etc.	7 AVE		DO NOT WRITE		
City & Sta	AUDENOALE FL Country	City & State VT. LAVDENOR	ALE FC	4.	FEI Number 65-0987763	N	pplied For ot Applicable
~3 ⁵ 334	og- BrowAno	3339	BNWAR	O5.	Certificate of Status Desired	S8.75 Ad	ditional
	6. Name and Address of Current Re				Name and Address of New Reg		
		-	Name				
Sicilia, ronald 1 944 NW 54TH AVE Margate FL 3306 3			Street A	ddress (P.O.	Box Number is Not Acceptable) VW 92 TENNI	4CE	-
	e named entity submits this statement for t			conac		FL Zinggo	065
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) SiGNATURE (NOTE: Registered Agent signature if applicable. (NOTE: Re				00 550.00	10. Election Campaign Finand Trust Fund Contribution.	ΨΟ.0	00 May Be
11.	OFFICERS AND DI	RECTORS	12.	A	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SICILIA, RONALD 1944 NW 54TH AVE MARGATE FL 33063	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SICILI 4110 1 CONA	TA, RONALD NW 92 TERMACE L SYNTNGS FL	Change 33065	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	Change	☐ Addition 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition—
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
Or the COL	pertify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, with	ereo to execute this report as:	e exemption stat signature shall ha required by Cha	ed in Section ave the same pter 607, Flori	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath da Statutes; and that my name ap	ther certify that the ir ; that I am an officer opears in Block 11 or	or director Block 12 if

SIGNATURE: