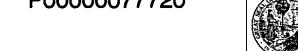
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000077720 **DOCUMENT#**

1. Entity Name AUDIO WERKZ, INC.



FILED May 09, 2003 8:00 am & Secretary of State

05-09-2003 90149 005 ***150.00

				'							
Principal Place of Business 865 KLOSTERMAN ROAD EAST TARPON SPRINGS FL 34689		Mailing Address 1609 POWDER RIDGE DRIVE PALM HARBOR FL 34683									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				7	CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. 1	59-3664710			pplied For ot Applicable		
Zip "	- Country	- Zip		Country	•	5. (Certificate of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current I	Registere	ed Agent			7. 1	Name and Address of New Reg	stered A	gent		
					Name						
GUERRIE, DANIEL J 1609 POWDER RIDGE DRIVE				;	Street Address	s (P.O. B	Box Number is Not Acceptable)				
PALM HA	RBOR FL 34683				City			FL	Zip Cod	le	
D. The charge		46			-tP						
	named entity submits this statement for ions of registered agent.	the purp	oose of changing its re	egistered	office or regist	ered ag	ent, or both, in the State of Florida	a. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if app	olicable. (NOTE:	Registered Ag	gent signature requi	red when re	pinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Finand Trust Fund Contribution.	cing	\$5.0 Added	00 May Be d to Fees	
10.	OFFICERS AND I	DIRECTO	DRS	11.	*******	AD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUERRIE, DANIEL J 1609 POWDER RIDGE DRIVE PALM HARBOR FL 34683		□ Delete	TITLE NAME STREET A					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GUERRIE, ELEANOR M 1609 POWDER RIDGE DRIVE PALM HARBOR FL 34683	Fe	☐ Delete	TITLE NAME STREET A CITY-ST-		···			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AI CITY-ST-					☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 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:

727-937-2020