9/12/01-90011-035-\$550.00-\$550.00

200	1 UNIFO		•		(UDN)						
DOCUMENT # P0000079265  1. Entity Name HOME THEATER SPECIALIST, INC.							FILED				
Principal Place of Business 7040 LAKE ELLENOR DR. #118 ORLANDO FL 32809			Mailing Address 7040 LAKE ELLENOR DR. #118 ORLANDO FL 32809			SECRETARY OF STATE TALLAHASSEE, FEORIDA					
2. Principal I	Place of Business		3. Mailing Address								
Suite Act # etc											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NO	T WRITE IN TH	IS SPACE		
City & Sta	te .		City & State			4. FEIN	134078	366	<u> </u>	pplied For lot Applicable	,
Zip	Cou	ntry	Zip	⇒Count	. محسد روز		ficate of Status Des	ired 🗆 –	-\$8.75.Ac	lditional	
	6. Name and A	idress of Current Re	gistered Agent			7. Nam	e and Address of	New Registere			┪-
KARDUS	H, ALLAN				Name Street Address (	D.O. Barris	( State of the sta				4
7040 LAKE ELLENOR DR, #118 ORLANDO FL 32809					Street Address (P.O. Box Number is Not Acceptable)						
UNLAND	U FL 32809				City	<u>.</u>			7 C-	,	4
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8. The above	named entity submi	ts this statement for th	ne purpose of changing its i	registere	d office or register	ed agent,	or both, in the State	of Florida.			
SIGNATURE	Signature, typed or printed	name of registered agent and	Nite d applicable (NOTE	- Registered	Agent signature required	uhan rainstell	200	DATE			1
9. This corp	pration is eligible to s		FILE NOWII			***************************************	··· <b>··· ·</b> ·· · · · · · · · · · · · ·	DATE			4
Tax filing	requirement and electria on back)				IS \$550.00	- 1					
11.			Make Check Payab	, 2001 F	ee will be \$750.0	ן טיט	Election Campai Trust Fund Contr			00 May Be d to Fees	-
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 control to the comparation or the receiver of bysee employed to the execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a folderss, with all other like empowered.

TRE REQUIRED
OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: