## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 08:00 AM DOCUMENT # P00000101858 1. Entity Name **Secretary of State** PURE TONE PRODUCTIONS, INC. Principal Place of Business Mailing Address 1530 E 128TH AVE 1530 E 128TH AVE TAMPA FL TAMPA FL33612 33612 2. Principal Place of Business 3. Mailing Address 7209 N. 19TH ST. 7209 N. 19TH ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For TAMPA TAMPA Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33610 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHYH-I HENRY HSIAO HSIAO SHYH-I HENRY 1530 E 128TH AVE Street Address (P.O. Box Number is Not Acceptable) 7209 N. 19TH ST. TAMPA FL33612 US City Zip Code TAMPA 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. HENRY HSIAO 04/26/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE CR2E034 (11/00) ☐ Addition SHYH-I HENRY MAME HSTAO NAME STREET ADDRESS 1530 E 128TH AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33612 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/26/2001

Daytime Phone #

Date

SIGNATURE: Henry Hsiao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR