

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90251 017 ***150.00

0352464 AV

DOCUMENT # P00000109266

1. Entity Name

AUDIO ED. INTERNATIONAL, INC.



Principal Place of Business
**4000 NORTH STATE ROAD 7
SUITE 401
LAUDERDALE LAKES FL 33319**

Mailing Address
**4000 NORTH STATE ROAD 7
SUITE 401
LAUDERDALE LAKES FL 33319**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1056681

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REECE, CARL
4000 NORTH STATE ROAD 7
SUITE 401
LAUDERDALE LAKES FL 33319**

7. Name and Address of New Registered Agent

Name

REECE, CARL

Street Address (P.O. Box Number is Not Acceptable)

2465 SW 132 TERR.

City

MIRAMAR

FL

Zip Code

33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **REECE, CARL**
STREET ADDRESS **2230 NW 22ND STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33319**

TITLE **SD** ☒ Delete
NAME **MYERS, ESTELLA**
STREET ADDRESS **2615 POLK STREET APT 4**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD + SD** ☒ Change ☐ Addition
NAME **REECE, CARL**
STREET ADDRESS **2465 SW 132 TERR**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CARL REECE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2003

Date

954-270-4290

Daytime Phone #

CR2E034 (10/02)