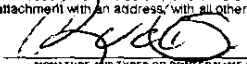


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90757 036 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055284			
1. Entity Name AUDIOSOUND, INC.			
Principal Place of Business 1250 E HALLANDALE BCH BLVD, STE 305 HALLANDALE, FL 33009		Mailing Address 1250 E HALLANDALE BCH BLVD, STE 305 HALLANDALE, FL 33009	
2. Principal Place of Business 1835 E. Hallandale Bch Blvd Suite, Apt. #, etc. 431		3. Mailing Address 1835 E. Hallandale Bch Blvd Suite, Apt. #, etc. Ste 431	
City & State Hallandale Beach, FL		City & State Hallandale Bch, FL	
Zip 33009		Zip 33009	
Country USA		Country USA	
4. FEI Number 65-1114783		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent VIEGAS, CHRISTOPHER 1250 E HALLANDALE BCH BLVD, STE 305 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1835 E Hallandale Bch Blvd Ste 431 Hallandale Bch FL 33009	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)			
FILE NOW!!! FEE IS \$160.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P SINGER, RODOLFO 1250 E. HALLANDALE BCH BLVD STE 305 HALLANDALE, FL 33009		1835 E. Hallandale Bch Blvd Ste 431 Hallandale Bch, FL 33009	
Delete ☐		Change ☒ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
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:  Rodolfo Singer		04/28/03 305 981-0471	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

90117365

CR2634 (10/02)