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.

90117365

Principal Place of Business	Mailing Address
1250 E HALLANDALE BCH BLVD, STE 305 HALLANDALE, FL 33009	1250 E HALLANDALE BCH BLVD, STE 305 HALLANDALE, FL 33009

2. Principal Place of Business	3. Mailing Address
1835 E. Hallandale Bch Blvd	1835 E. Hallandale Bch Blvd
Suite, Apt. #, etc.: 431	Suite, Apt. #, etc.: Ste 431
City & State: Hallandale Beach, FL	City & State: Hallandale Bch, FL
Zip: 33009 Country: USA	Zip: 33009 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1114783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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
City: Hallandale Bch FL Zip Code: 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 ____________________
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SINGER, RODOLFO	NAME	
STREET ADDRESS	1250 E. HALLANDALE BCH BLVD STE 305	STREET ADDRESS	1835 E. Hallandale Bch Blvd Ste 431
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	Hallandale Bch, FL 33009
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] Rodolfo Singer 04/28/03 305 981-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #