

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060025
1. Entity Name
CKA Audio Visual Inc.

673055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15251 NE 18th Ave
Suite, Apt. #, etc. #2

3. Mailing Address 15251 NE 18th Ave
Suite, Apt. #, etc. #2

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City & State N. Miami Bch FL
Zip 33162 Country USA

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4. FEI Number 65-1107868
Applied For Not Applicable
5. Certificate of Status Desired - \$8.75 Additional Fees Required

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7. Name and Address of Current Registered Agent

Name Charles Altman
Street Address (P.O. Box Number is Not Acceptable)
20911 Leeward Ct #245
City Aventura FL Zip Code 33180

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reissuing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 31 Fee is \$150.00
After May 1, Fee is \$580.00
Amended UBR is \$6125
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Pres
NAME	Charles Altman
STREET ADDRESS	20911 Leeward Ct #245
CITY-ST-ZIP	Aventura FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)