


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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90417 015 ***158.75

DOCUMENT # P01000078530	
1. Entity Name ALLEGRO MULTIMEDIA, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11510B Valencia Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

44031430

DO NOT WRITE IN THIS SPACE

City & State Seffner, FL	City & State	4. FEI Number 03-0388120	Applied For Not Applicable
Zip 33584	Country USA	Zip	Country

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE	Name HAL C. SALTER
	Street Address (P.O. Box Number is Not Acceptable)
	11510B Valencia Dr.
	City Seffner FL Zip Code 33584

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 this if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 DIRECTOR	TITLE DIRECTOR	DO NOT WRITE IN THIS SPACE
NAME HAL C. SALTER	NAME	
STREET ADDRESS 11510 B. Valencia Dr	STREET ADDRESS	
CITY-ST-ZIP Seffner, FL 33584	CITY-ST-ZIP	
TITLE DIRECTOR	TITLE	
NAME BOB MANGUM	NAME	
STREET ADDRESS PO BOX 32411	STREET ADDRESS	
CITY-ST-ZIP Phoenix, AZ 85064	CITY-ST-ZIP	
TITLE DIRECTOR	TITLE	
NAME PAUL SIMMONS	NAME	
STREET ADDRESS 7441 114th Ave., Suite 606	STREET ADDRESS	
CITY-ST-ZIP Largo, FL 33773	CITY-ST-ZIP	
TITLE PRESIDENT, V.P., Secretary	TITLE	
NAME HAL C. SALTER	NAME	
STREET ADDRESS 11510B Valencia Dr	STREET ADDRESS	
CITY-ST-ZIP Seffner, FL 33584	CITY-ST-ZIP	
TITLE Treasurer	TITLE	
NAME ELIANA SALTER	NAME	
STREET ADDRESS 11510B Valencia Dr	STREET ADDRESS	
CITY-ST-ZIP Seffner, FL 33584	CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Hal C. Salter** **HAL C. SALTER** **4/15/04** **505-2995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)