2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 19, 2004 8:00 am Secretary of State DOCUMENT # P01000094400 03-04-2004 90005 035 \*\*\*150.00 1. Entity Name BASS BUSTERS ELECTRONICS, INC. Mailing Address Principal Place of Business 1052 NE 209TH TERRACE NORTH MIAMI BEACH FL 33179 1052 NE 209TH TERRACE 66406862 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1151758 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GELBALT GELBART MONDERAY BELBERT, MORDEHAY Street Address (Fd. 45) Number is Not Acceptable) FILST 1052 NE 209TH TERRACE NORTH MIAMI BEACH FL 33179 City Zip Code B. The above named entity subryits 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 X (NOTE: Registered Agent signature required when reinstating) After May 1, 2004, Fee will be \$550.00 Check Payable to Elector FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 PLESIDENT MILE ☐ Detete TITLE ☐ Change ☐ Addition HOLDEHAY GE/BANT 1052 NE 2097 TEX BELBERT, MORDEHAY NAME NAME 1052 NE 209TH TERRACE STREET ADORESS STREET ADDRESS MIAMI FL 33179 CITY-ST-ZIF CHY-ST-ZIP ULAMI-F1. 33179 TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS \_CSTY-ST-ZSP \_ CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP ☐ Addition TITLE ☐ Delete ппе Chance. NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 phopowered 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 adaptes, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davime Phone #

FILED