FILED
Jul 09, 2003 8:00 am
Secretary of State
05-01-2003 91007 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102737

1. Entity Name
AMERICAN AUDIO COMPETITION, CORP.

DO NOT WRITE IN THIS SPACE

55050636

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2. Principal Place of Business	3. Mailing Address
8120 S.W. 22 STREET	8120 S.W. 22 STREET
Suite, Apt. #, etc. APT B-214	Suite, Apt. #, etc. APT B-214
City & State NORTH LAUDERDALE FL	City & State NORTH LAUDERDALE FL
Zip 33018 Country USA	Zip 33018 Country USA

4. FEI Number 65-1149017 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CARLOS PEREZ A.

Street Address (P.O. Box Number is Not Acceptable): 8120 S.W. 22 STREET, APT B-214

City: NORTH LAUDERDALE FL Zip Code: 33018

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] 04-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	P
NAME	PEREZ, CARLOS A
STREET ADDRESS	8120 SW 22 ST. APT. B-214
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33018
TITLE	VP
NAME	PEREZ, CARLOS SR.
STREET ADDRESS	8120 SW, 22 ST. APT. B-214
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33018
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] 04-29-03 (754) 235-1894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #