

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90107 014 ***158.75

DOCUMENT # P01000104666

1. Entity Name
AUDIO SERVICES PLUS, INC.



Principal Place of Business
**15009 N FLORIDA AVENUE
SUITE 130
TAMPA FL 33613**

Mailing Address
**15009 N FLORIDA AVENUE
SUITE 130
TAMPA FL 33613**

2. Principal Place of Business
3802 E 8th Ave
Suite, Apt. #, etc.

3. Mailing Address
3802 E. 8th Ave.
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33605

Country
USA

Zip
33605

Country
USA

4. FEI Number
59-3513831

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOOLEY, MICHAEL
15009 N FLORIDA AVENUE
SUITE 130
TAMPA FL 33613**

Name

Street Address (P.O. Box Number is Not Acceptable)

13933 Cherry Creek Dr.

City

Tampa

FL

Zip Code

33618

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 **Michael Dooley**

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DOOLEY, MICHAEL	15009 N FLORIDA AVENUE	TAMPA FL 33613	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice President	Natalie Boutros	502 Brooktree Ct.	Lutz, FL 33548	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President	Michael Dooley	13933 Cherry Creek Dr.	Tampa, FL 33618	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Michael Dooley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03

Date

Daytime Phone #

CR2E034 (10/02)