


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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90216 013 ***158.75

DOCUMENT # P02000023472

1. Entity Name
AUDIOPROPS.COM INC.



Principal Place of Business
**5446 STIRLING RD
DAVIE, FL 33314**

Mailing Address
**7711 N W 11 TH ST
PEMBROKE PINES, FL 33024**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1921 S FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address
1921 S FEDERAL HWY
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

Zip
33310

Country
BROWARD

Zip
33310

Country
BROWARD

4. FEI Number
01-0634024

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**STRZEPKA, KENNETH J
7711 N W 11 TH ST
PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent

Name
KENNETH J STRZEPKA

Street Address (P.O. Box Number is Not Acceptable)
1919 A S FEDERAL HWY

City
FORT LAUDERDALE FL

Zip Code
33310

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

FILE NOW!!! FEE IS \$150.00
After May 4, 2003 Fee will be \$350.00
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

TITLE P	<input type="checkbox"/> Delete
NAME STRZEPKA, ISABEL L	
STREET ADDRESS 7711 NW 11TH STREET	
CITY-ST-ZIP PEMBROKE PINES, FL 33024	
TITLE CEO	<input type="checkbox"/> Delete
NAME STRZEPKA, KENNETH J	
STREET ADDRESS 7711 NW 11TH STREET	
CITY-ST-ZIP PEMBROKE PINES, FL 33024	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRZEPKA, ISABEL L	
STREET ADDRESS 1919 A S FEDERAL HWY	
CITY-ST-ZIP FORT LAUDERDALE FL 33310	
TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRZEPKA KENNETH J	
STREET ADDRESS 1919 A S FEDERAL HWY	
CITY-ST-ZIP FORT LAUDERDALE FL 33310	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Kenneth J Strzepka*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03 (904) 522-7005
Date Daytime Phone #

CR2E034 (10/02)