



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90070 003 ***150.00

DOCUMENT # P02000030363 1. Entity Name AUDIOPIPE USA, INC.																													
Principal Place of Business 5821 WOODLAND POINT DRIVE TAMARAC, FL 33309				Mailing Address 5821 WOODLAND POINT DRIVE TAMARAC, FL 33309																									
2. Principal Place of Business 2893 NW 95 AVE Suite, Apt. #, etc.		3. Mailing Address 2893 NW 95 AVE Suite, Apt. #, etc.																											
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL		4. FEI Number 03-0415227																									
Zip 33065		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LEBOFF, ANDREW 5821 WOODLAND POINT DRIVE TAMARAC, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2893 NW 95 AVE. City CORAL SPRINGS FL Zip Code 33065																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D LEBOFF, ANDREW</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5821 WOODLAND POINT DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TAMARAC, FL 33309</td> </tr> </table>			TITLE	D LEBOFF, ANDREW	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	5821 WOODLAND POINT DRIVE		CITY-ST-ZIP	TAMARAC, FL 33309		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">2893 NW 95 AVE</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2893 NW 95 AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">CORAL SPRINGS FL 33065</td> </tr> </table>			TITLE	2893 NW 95 AVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	2893 NW 95 AVE		CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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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: Andrew Leboff **ANDREW LEBOFF** 1/28/04 (954) 448-4802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #