

FILED Feb 14, 2003 8:00 am Secretary of State

1/27

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DOCUMENT # P0200070824  1. Entity Name APPLAUSE TRANSMISSIONS, INC.										100,00	
APPLAUSE	Z ILMIAM						<del>-</del>				
Principal Place 6818-B GRAPHI PORT RICHEY	ics drive		Mailing Address 6818-B GRAPHICS DI PORT RICHEY FL 34		<del></del>					ės drės salė	
2. Principal Pla			3. Malling Address	2 ido s	Dr.	. }					
Suite, Apt.		nic ov.	Suite, Apt. #, etc.				CHECK	CHERE IF MAKE			
City & State	9		City & State				El Number	0-2	<u> </u>	plied For t Applicable	
Port Ri	<u>chey</u>	F1.3461.8	Port Kic	hey coun	-trv	1	<u> ひ-                                   </u>	_	\$8.75 Add		
3466	8	Country Pasco	34 668 _		SCO		Certificate of Status C		Fee Required		  -
	6. Name a	nd Address of Current	Registered Agent		Name						] `
MUSIC, HO		n <i>r</i> e			Street Add	ress (P.O. B	ox Number is Not Ac	ceptable)			
6818-B GRAPHICS DRIVE PORT RICHEY FL 34688					<del> </del>		1		•	•	
1 :	,				City				Zip Code	8	]
B. The obes	named entity	submits this statement fo	r the purpose of changi	ng its register	red office or re	gistered ag	ent, or both, in the St	ate of Florida. I	am tamiliar with,	and accept	1
the obligati	ions of registe	red agent.		••				- , .		,	{
SIGNATURE .	A One	201 M	ILAL )	(NOTE: Registers	ed Agent signature i	required when re	instating)	ĐA.	<u>1" 3-03</u> ™	<u> </u>	
	Signature, typed o	<del></del> _	BAD Alle II exhibit and				T		<u> </u>		
After	r May 1, 200	FEE IS \$150.00									
1	`	Fee will be \$550.00	Cana				9. Election Cam Trust Fund Co	paign Financing ontribution.		May Be I to Fees	
Make Check	k Payable to	Florida Department o		11.		AD		ontribution.	Added	to Fees	
Make Check 10.	k Payable to	Florida Department of OFFICERS AND	DIRECTORS			AD	Trust Fund Co	ontribution.	Added	to Fees	0/05)
Make Check 10. TITLE NAME	1270 Daro4	OFFICERS AND	DIRECTORS Delete	TITU	LE ME	AD	Trust Fund Co	ontribution.	AND DIRECTORS	to Fees	4 (10/02)
Make Check  10.  Title  NAME  STREET ADDRESS	01210 80004 1425	OFFICERS AND	DIRECTORS  Detate	TITU Nam Str	LE	AD	Trust Fund Co	ontribution.	AND DIRECTORS	to Fees	E034 (10/02)
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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 exacute 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: PROPERTY OF SHAPE O

1-3-03 727-819-1665