2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 02, 2008 08:00 AN Secretary of State DOCUMENT # P02000077793 1. Entity Name FIRST AUDIO, INC. Principal Place of Business Mailing Address 4960 S. ORANGE AVENUE 4960 S. ORANGE AVENUE ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEt Number Applied For 30-0104081 Not Applicable $Z_{\rm ID}$ Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIETSCHMAN, JR., RICHARD L CPA. 3046 MARTIN STREET ORLANDO FL 32806 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or crimed lean Hotrorishmed major and the Empirication COTE Pagisterios Agont a gretum requirer, when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Derete ΠΠΕ Change Addition BAITY, RICHARD F NAME NAME U00000942994 STREET ADDRESS 4960 S. ORANGE AVENUE STREET ADDRESS 05/29/08-80041-021 158.75 CITY ST-ZIP ORLANDO FL 32806 CITY-ST-78P TITLE ☐ De-ete TITLE Change Addition NAME BAITY, JENNIFER E MAME STREET ADDRESS 4960 S. ORANGE AVENUE STREET ADORESS CITY-ST-7/P ORLANDO FL 32806 CITY - ST - ZIP De ete TITLE THEF □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P 1131.6 De ete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TITLE ☐ Derete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Deiete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 epproviered.

CITY-ST-ZIP

SIGNATURÉ

CITY ST-ZIP

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION

4.30-08

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