2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0200077793



1. Entity Name FIRST AUDIO, INC.						05-01-2003 90	0199 03	39 ***158	.75	
Principal Place of Business 4960 S. ORANGE AVENUE ORLANDO FL 32806		Mailing Address 4960 S. ORANGE AVENUE ORLANDO FL 32806								
2. Principal Place of Business		3. Mailing Address			1					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	80-010408			pplied For ot Applicable	
Zip	Country	Zip	Countr		5. C	ertificate of Status Desired	_ X	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
PIETSCHMAN, JR., RICHARD L CPA.				Name						
3046 MARTIN STREET				Street Address (P.O. Box Number is Not Acceptable)						
) FL 32806									
	And the second second	City				FL Zip-Gode				
	named entity submits this statement follows of registered agent.	r the purpose of changing it	ts registere	d office or registe	ered age	ent, or both, in the State of Flori	da. I am	familiar with,	and accept	
SIGNATURE DIA										
Old William	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature require	ed when rein	nstating)	DATE			
After May 1, 2003 Fee will the \$550.00 Make Check Payable to Florida Defartment of State						Election Campaign Fina Trust Fund Contribution.	ncing [\$5.0 Adde	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADE	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE	VPS Delete		TITLE	,	☐ Change ☐ Addition			Addition		
NAME STREET ADDRESS CITY-ST-ZIP	BAITY, RICHARD F 4960 S. ORANGE AVENUE ORLANDO FL 32806		NAME STREI CITY-							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAITY, JENNIFER E 4960 S. ORANGE AVENUE			T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OILEMBO 12 GEORG	☐ Delete	TITLE NAME STREE				- Implies	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Constant of the own	☐ Delete	TITLE NAME STREE	T ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREE CITY-	T ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS S				☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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:

Date

Daytime Phone #