

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

03 SEP -3 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117457

1. Entity Name

A CREATIVE HOME THEATRE +
AUTOMATION COMPANY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 NE 1st St.

3. Mailing Address

301 NE 1st St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BCH, FL

City & State

DELRAY BCH, FL

Zip

33483

Country

PALM BEACH

Zip

33483

Country

PALM BEACH

500022700445
09/02/03--01047--013 **\$61.25

2003 AMENDED

4. FEI Number

76-0730309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

DALE R. HALL

Street Address (P.O. Box Number is Not Acceptable)

301 NE 1st St.

City

DELRAY BEACH

FL

Zip Code

33483

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

* Amended UBR is \$61.25 *

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	TD
NAME	HALL, DALE
STREET ADDRESS	301 NE 1st St.
CITY-ST-ZIP	DELRAY BCH FL 33483
TITLE	SD
NAME	SHARP, PHIL
STREET ADDRESS	301 NE 1st St.
CITY-ST-ZIP	DELRAY BCH FL 33483
TITLE	PD
NAME	SHARP, MIKE
STREET ADDRESS	301 NE 1st St.
CITY-ST-ZIP	DELRAY BCH FL 33483
TITLE	VP + CREATIVE DIRECTOR
NAME	REESE, JACK
STREET ADDRESS	301 NE 1st St.
CITY-ST-ZIP	DELRAY BCH FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DALE R. HALL DALE R. HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-19-03 561-436-6938

Date

Daytime Phone #

CR2E034B (12/02)