## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000117457

1. Entity Name

A CREATIVE HOME THEATRE +

AUTOMATION COMPANY



APPHUVEL

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address 301 NE 192 St.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  DELRAY BUH  Country 33 4 83  Parm Brack 33 4 83  Country Country Amended UBR is \$61.25 \$\frac{1}{2}\$  Street Address (P.O. Box Number is Not Acceptable)  City & State  DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  City & State  City & State  DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  N THIS SPACE  City & State  Country  Street Address (P.O. Box Number is Not Acceptable)  N THIS SPACE  City & State  Country  Street Address (P.O. Box Number is Not Acceptable)  N THIS SPACE  City & State  Name  Ale R. Hard  City Delay  Barch  City Busy  Country  City Busy  City Busy  City Busy  City Busy  City Busy  Country  Country	ID445
Suite, Apt. #, etc.  Country  To - 9 30 309  Suite, Apt. #, etc.  Country  To - 9 30 309  Suite, Apt. #, etc.  Sui	
Suite, Apt. #, etc.  Suite, Ap	)13  **61.25
DELRAY BUT TO THE Number To	ENDE
Zip 33 4 83  Country 33 4 83  Country Boach 33 4 83  Country Boach 3 3 4 83  Country Boach 5. Certificate of Status Desired  Name Do Not Write  Name Dake R. Hall  Street Address (P.O. Box Number is Not Acceptable)  Oity Black  City Black  City Black  Street Address (P.O. Box Number is Not Acceptable)  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 Floric the obligations of registered agent.  SIGNATURE  Signature, hypod or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 Fee is \$150.00  After May 1 Fee is \$550.00  9. Election Campaign Finance  Manner and Address of Current Richards and Replicable.  Signature required when reinstating)	Applied For
5. Certificate of Status Desired  Name  DO NOT WRITE  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  Other Status Desired  Name  DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  Other Status Desired  Name  Do NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  Other Status Desired  Name  Other Registered address of Current Registered Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Other Status Desired  Name  Other Registered Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Other Status Desired  Name  Other Registered Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Other Status Desired  Name  Other Registered Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Other Status Desired  Name  Other Registered Address (P.O. Box Number is Not Acceptable)  Status Desired Address (P.O. Box Number is Not Acceptable)  Name  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Status Desired Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Acceptable)  Other Registered Address (P.O. Box Number is Not Accept	Not Applicat
DO NOT WRITE  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  BLACH  City  BLACH  City  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required whon reinstating)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  9. Election Campaign Finance  Amended LIRE is \$550.00  Amended LIRE is \$550.00  Parented LIRE is \$550.00  Parented LIRE is \$550.00  Amended LIRE is \$550.00  Parented LIRE is \$550.00	\$8.75 Additional Fee Required
DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  30	
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Trust Fund Contribution.	The second secon
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.	Added to Fees
MILE TD MILE	
NAME STREET ADDRESS HALL, DALL	
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	
ITILE SD .	
NAME SHARP, PHIL	
STREET ADDRESS  301 NE. 13± S4- CITY-ST-7IP	
DECRAS 1304 - F1 33483	
IAME SHOOD MIVE	
TREET ADDRESS 301 N 132 St.	
TITY-ST-ZIP DELRAY BUT FI 33483 CITY-ST-ZIP DO NOT W	/RITE
THE VP - CREATIVE DIRECTOR	
AME   REESE , JACK ~ DIFACE \ \   BARRESSEE   BERT   NEW	PACE
STREET ADDRESS	
TY-ST-ZIP DELLAY BUH FI 33483 \ ADD	
AME NAME	
TREET ADDRESS ITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

TITLE.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

561-436-6938

CR2E034B (12/02)