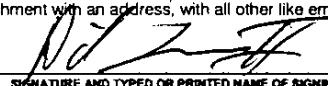


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90043 019 ***158.75

DOCUMENT # P03000007513 1. Entity Name PRO ROCK AUDIO, INC.					
Principal Place of Business 6787 BRITTANY CHASE COURT ORLANDO, FL 32810			Mailing Address PO BOX 540051 ORLANDO, FL 32854		
2. Principal Place of Business - No P.O. Box # 301 E. Pine Street		3. Mailing Address 301 E. Pine Street			
Suite, Apt. #, etc. Suite 150		Suite, Apt. #, etc. Suite 150			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32801	Country Orange	Zip 32801	Country Orange		
4. FEI Number 55-0815738			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRES	☐ Delete		TITLE President	☒ Change ☐ Addition	
NAME LEUSCHNER, DAVID M			NAME David M Leuschner II		
STREET ADDRESS 6787 BRITTANY CHASE COURT			STREET ADDRESS 1508 Heather Lane		
CITY-ST-ZIP ORLANDO, FL 32810			CITY-ST-ZIP Keller, TX 76248		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.					
SIGNATURE: 			Date: 4/28/07 Daytime Phone #: 866-399-1147		