

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90021 009 ***158.75

94021042



DOCUMENT # P32865	
1. Entity Name RECOTON CORPORATION	



Principal Place of Business 2950 LAKE EMMA ROAD LAKE MARY, FL 32746 US	Mailing Address 2950 LAKE EMMA ROAD LAKE MARY, FL 32746 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122004 Chg-P CR2E034 (10/03)

4. FEI Number 11-1771737	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	

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	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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)(f), 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: <i>Debra Cole</i>	Date: 2/24/04	Daytime Phone #: 407 333 8900
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2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment

94021042

DOCUMENT # P32865

RECOTON CORPORATION



Principal Place of Business

2950 LAKE EMMA ROAD
LAKE MARY, FL 32746 US

Mailing Address

2950 LAKE EMMA ROAD
LAKE MARY, FL 32746 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02122004

Chg-P

CR2E034 (10/03)

4. FEI Number

11-1771737

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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, 2004 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 PCEO ☐ Delete
NAME BORCHARDT, ROBERT L.
STREET ADDRESS 2950 LAKE EMMA ROAD
CITY-ST-ZIP LAKE MARY, FL

TITLE D ☒ Change ☐ Addition
NAME BORCHARDT, ROBERT L.
STREET ADDRESS 2950 LAKE EMMA ROAD
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE VPCO ☐ Delete
NAME MONT, STUART
STREET ADDRESS 2950 LAKE EMMA ROAD
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D ☒ Change ☐ Addition
NAME MONT, STUART
STREET ADDRESS 2950 LAKE EMMA ROAD
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE CFVT ☐ Delete
NAME KEZSBOM, ARNOLD
STREET ADDRESS 2950 LAKE EMMA ROAD
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D ☒ Change ☐ Addition
NAME KEZSBOM, ARNOLD
STREET ADDRESS 2950 LAKE EMMA ROAD
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE VPS ☐ Delete
NAME MASSOT, JOSEPH H
STREET ADDRESS 2950 LAKE EMMA ROAD
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D ☒ Change ☐ Addition
NAME MASSOT, JOSEPH H.
STREET ADDRESS 2950 LAKE EMMA ROAD
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Change ☒ Addition
NAME WHERRY, DENNIS P.
STREET ADDRESS 2950 LAKE EMMA ROAD
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Change ☒ Addition
NAME COLE, DEBRA, J.
STREET ADDRESS 2950 LAKE EMMA ROAD
CITY-ST-ZIP LAKE MARY, FL 32746

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debra Cole

2/24/04

407.333.8900

XIOS