SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000011247 (2)**

1. Corporation Name
DESIGNER AUDIO, INC.

Principal Place of Business	Mailing Address
3573 ENTERPRISE AVE. SUITE 67 NAPLES FL 33942	3573 ENTERPRISE AVE. SUITE 67 NAPLES FL 33942

2. Principal Place of Business	2a. Mailing Address
21 2011 Trade Center Way	26 2011 Trade Center Way
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Naples, Fl.	City & State 28 Naples, Fl.
Zip 24 33942	Country 25 Collier
Zip 29 33942	Country 30 Collier

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 04/25/1995
4. FEI Number: 65-0348025 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: (N) **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOVAK, DENISE 4390 11TH AVE. S.W. NAPLES FL 33999	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 20 Newbury Pl. 83 84 City: Naples FL 85 Zip Code: 33942

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Denise Novak — DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	NOVAK, CHARLES M.		1.2 NAME		
STREET ADDRESS	4390 11TH AVE., SW		1.3 STREET ADDRESS	20 Newbury Pl.	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, Fl. 33942	
TITLE	V	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	NOVAK, DENISE		2.2 NAME		
STREET ADDRESS	4390 11TH AVE., SW		2.3 STREET ADDRESS	20 Newbury Pl.	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, Fl. 33942	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles M. Novak — 6/11/96 — 514-4904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #