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CORPORATION ANNUAL REPORT



SIGNATURE:

SIGNATURE AND TYPED OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000032071 (1)

OCUMENT # P9 . Corporation Name THE AUDIO DOCTOR, INC	:30000320 7 1 (1	1)			
Principal Place of Business	Mailing Address		T INDUIDAL IN INCIDE MILL BURKE AL	#{ # #	091 0011) 10001 1101 101
1318 N. MONROE ST. SUITE A	1318 NORTH MONRO SUITE E	DE STREET			
TALLAHASSEE FL 32303 TALLAHASSEE F		2303	3. Date Incorporated or Qualified 05/03/1993	3a. Date of Las 05/0	st Report 1/1995
Principal Place of Business	2e. Mailing Address		4. FEI Number		Applied For
]	26		59-3177867		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	П .	.75 Additional ee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip Country	Zip	Country	8. This corporation has liability for		ers 199.032,
25	29	30		s □ No	
g. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New F	Registereo Ageni	
PATTERSON, TODD A	-	82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
1318 NORTH MONROE STREE SUITE E	:I	83		7.	
		84 City		FL 85	Zıp Code
			oration submits this statement for the pu and of directors. I hereby accept the app	irpose of changing pointment as regist	its registered officered agent. I am
Pursuant to the provisions of Sections 6 or registered agent, or both, in the State familiar with, and accept the obligations SIGNATURE Synature, typod or printed name of regis	e of Florida: Such charige was aurionz of, Section 607.0505, Florida Statutes sterod agent and title if applicable [NC	DIE Rogistered Agent signature requir	red when reinstating)	DATE	
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