2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P94000020142

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1. Entity Name

AUDIO 11, INC.

Principal Place of Business

1283 FRUITLAND AVENUE
CLEARWATER FL 33764

Mailing Address

1283 FRUITLAND AVENUE
CLEARWATER FL 33764-4953

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-05-2000 90037 046 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 59-3231976 — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWSOME, MICHAEL R
1283 FRUITLAND AVNEUE
33764WATER FL 33617

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEWSOME, KAREN B	NAME	
STREET ADDRESS	1283 FRUITLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAGRANDEUR, BLAIR	NAME	
STREET ADDRESS	507 KINGS PLACE	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT BEACH CA 92663	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	~~MICHAEL R Newsome~~	NAME	MICHAEL R. NEWSOME
STREET ADDRESS	~~1283 Fruitland Ave.~~	STREET ADDRESS	1283 Fruitland Ave
CITY-ST-ZIP	~~CLEARWATER FL 33764~~	CITY-ST-ZIP	CLW. FL. 33764
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. NEWSOME 4/21/00 727-572-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #