2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90075 026 ***150.00

DOCUMENT # P94000054802

1. Entity Name
AUDIO IMAGES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
645 MAYPORT RD ATLANTIC BEACH FL 32233	P.O. BOX 330500 ATLANTIC BEACH FL 32233

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4745 Sutton Park Ct	P.O. Box 550819
Suite, Apt. #, etc.: Suite 204	Suite, Apt. #, etc.
City & State: Jacksonville, Fl	City & State: Jacksonville, Fl
Zip: 32224 Country: Duval	Zip: 32255 Country: Duval

4. FEI Number 59-3232199 ☐ 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
AXT, PHILIP 645 MAYPORT RD ATLANTIC BEACH FL 32233	Name: Axt, Philip Street Address (P.O. Box Number is Not Acceptable): 4745 Sutton Park Ct Ste 204 City: Jacksonville FL Zip Code: 32224

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: Philip Axt, President DATE: 1/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	PD AXT, PHILIP 645 MAYPORT RD ATLANTIC BEACH 32 233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 3-19-03 904 2478600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)