## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P94000068512 **DOCUMENT #**

1. Entity Name

SIGNATURE:

CREATIVE AUDIO SERVICES, INC.



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90157 040 \*\*\*158.75

					i							
Principal Place 14791 FARRIER WELLINGTON FI US	PLACE	3	Mailing Address 14791 FARRIER PLACE WELLINGTON FL 33414 US									
2. Principal Pla	ace of Busir	ness	3. Mailing Address					i idžijadi jig ižili; biati darit ačili) datit a		11101 1101	B 1101 1001	
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	<b>)</b>		City & State				<b>4.</b> F	4. FEI Number 65-0523322			Applied For Not Applicable	
Zip Country			Zip C					5. Certificate of Status Desired Fee			3.75 Additional e Required	
	6 Name	and Address of Current	Registere	ed Agent	<u>.                                    </u>		7. N	lame and Address of New Registe	red Agent			
6. Name and Address of Current Registered Agent						Name		and the second second		<del>-</del> ·	ľ	
- 11 APR - FDIO 11						1						
Baumel, E				Stre			treet Address (P.O. Box Number is Not Acceptable)					
14791 FAR	RIER PLA	CE										
WELLINGTO	ON FL 334	414										
ž.						City			FL Zip	Code		
-						L				with a	nd accent	
8. The above the obligati	named enti ions of regis	ty submits this statement for stered agent.	or the purp	oose of changing its	s register	ed office or regis	stered age	ent, or both, in the State of Florida. I	an ranimal	****** C	ina docup.	
SIGNATURE	Signature, type	d or printed name of registered agent	and title if ap	plicable. (NO	TE: Registere	ed Agent signature requ	uired when re	einstating) D	ATE			
After	r May 1, 20	i!! FEE IS \$150.00 103 Fee will be \$550.00 to Florida Department o	of State					Election Campaign Financing Trust Fund Contribution.			May Be to Fees	
маке Спеск	( Payable )			<u></u>	11.	<u>-</u> .	ΔΓ	DDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS	IN 11	
10.	,	OFFICERS AND	DIRECTO		_			SBITTONIA, GIT A TIGES 18 GIT TO THE	☐ Cha		☐ Addition	
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	cortific their	the information supplied w	ith this filin	na does not qualify	for the ex	remption stated i	in Section	n 119.07(3)(i), Florida Statutes. I furth	er certify tha	at the ii	nformation	
iz. Thereby indicated	d on this rep	ort or supplemental report	is true an	d accurate and tha	t my sign	nature shall have	the same	a Fig.07(3)(1), Florida statutes. Florida e legal effect as if made under oath; rida Statutes; and that my name app	tnat i am an e ears in Block	omcer k 10 or	or airector Block 11 if	
		r the receiver or trustee em attachment with an address				инеа ру спартег	. 557,1101	and distriction and the first the safety	= - *			
Janger				S CONTROL TEN		•		3/1/2	11.700	_		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR