FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P.95000060014

1. Entity Name

SIGNATURE:

Home Entertainment Systems Of Central Florida, Inc.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90168 005 ***150.00

Daytime Phone #

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	DO NOT WRI	TE IN THIS	SPACE -	The desired by the second seco		
2. Principal Place of Business 40351 US 19 N.		3. Mailing Address	3. Mailing Address 40351 US 19 N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
316 City & State		316				
Tarpon Springs , FL		City & State L Tarpon Spi	rings ET	4. FEI Number 59-3323794	Applied For	
Zip 346	Country	Zip 34689	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Name and Address of Current		
. · · · · ·	DO NOT	WRITE	Name Mark	o, Jeffery G.		
			Street Address (P.O. Box Number is Not Acceptable	-	
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Entring the state	artistic films to the Visit of the artistic films		Ciprarpon	Springs	FL Zip Code	
8. The above	e named entity submits this statemations of registered agent.	ent for the purpose of changing	its registered office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept	
in 55.192	illoria di regialerea agent.				-	
SIGNAŢURE	Signature, typed or printed name of registered	acent and title if applicable	1077		·	
Ja	nuary 1 - May 1 Fee is \$150.0		NOTE: Registered Agent signature required	when reinstating)	DATE	
Make Check	After May 1, Fee is \$550,00 Amended UBR is \$61.25 Payable to Florida Departme	nt of State		Election Campaign Fina Trust Fund Contribution		
10.		AND DIRECTORS	A SERVICE AND ASSESSED.	The state of the s	Mary transferred Victorian	
TITLE NAME	Marko, Jeffery	G.	TITLE	and the second s		
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AME			NAME			
TREET ADDRESS ITY-ST-ZIP			STREET ADDRESS		•	
2. Thereby co	ertify that the information supplied	with this files also not availe.	CITY ST-ZIP		<u>aran diga arang pangganan diga k</u>	
of the corn	on this report or supplemental reportation or the receiver or true	irt is rug and accurate and tha	for the exemption stated in Sect t my signature shall have the sa	tion 119.07(3)(i), Florida Statutes. I fu ime legal effect as if made under oat , Florida Statutes; and that my name	urther certify that the information th; that I am an officer or director	
attachmen	it with an address, with all ones ii	powers of to execute this rep	ort as required by Chapter 607.	, Florida Statutes; and that my name	appears in Block 10 or on an	

TED NAME OF SIGNING OFFICER OR DIRECTOR