FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600059947

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2. Payaginal Place of Business 87th 9cy 3. Mailing Address Suite, Apt. 4. rate. City 8 State 4. FEI Number 65-068 N 30 Not Applied. Not Applied For Not Applied 1. Not Applied For Not Applied Fo	Mepairs of Amplifiers YV. Inc						03 JAN -9 AM 10: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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Street Address of Current Registered Agent						4. FEI N	umber 65-6	068 1530	Applied For Not Applicab	le	
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8. The above named entity submits has statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Suprature types or premof plant displaced agent and the 4 sign statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Suprature types or premof plant displaced agent and the 4 sign statement of the formation is eligible to saitsly its intangible flax filing requirement is eligible to saitsly its intangible flax filing requirement and elects to do so. (See criteria on back) This OFFICERS AND DIRECTORS THE DOUGLAS FLORES FLORES INDECTORS THE DOUGLAS FLORES FLORES INDECTORS THE DOUGLAS FLORES FLORES INDECTORS THE DOUGLAS FLORES INDECTORS THE DOUGLAS FLORES INDECTORS THE DOUGLAS FLORES INDECTORS THE DOUGLAS FLORES INDECTORS THE NAME THE STREET ADDRESS INDECTORS STREET ADDRESS INDECTORS THE NAME		the control of the co							-1/4	-	
SIGNATURE Control Con				. * -		Menl	,	FL	Zip Co33319-	3	
Amended UBR is \$61.25 (See criteria on back) Inc. OFFICERS AND DIRECTORS INC. OUGINS FLORES CITY-SI-ZIP INLE NAME SIREET ADDRESS CITY-SI-ZIP INLE RAME SIREET ADDRESS CITY-SI-ZIP	SIGNATURE .	Signature. Typed or printer lamb of Sifetared agent and	ine a epplicable. (NOTE: January 1 - Ma	Registered Ad	geni signature requir Is \$150.00	red when reinstati	ng)	DATE	\$5.00 · · ·		
TITLE NAME OO VIGITAS FLORES STREET ADDRESS CITY-ST-ZIP HIRAMI, FL 33193 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Tax filing requirement and elects to do so. After may 1, Amended L			UBR is	\$61.25			· · · · · · · · · · · · · · · · · · ·	\$3.00 May Be Added to Fees		
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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 on an attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oayume Phone ≠



Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

I did not receive the U.B.R. for the year, 2002, or any other notice from the Division of Corporations in respect with my Corporation REPAIRS OF AMPLIFIERS T.V. INC.

Thank you for your courtesy in this matter.

DOUGLAS FLORES

PRESIDENT