

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068333

1. Corporation Name
THE AUDIO ROOM, INC.

Principal Place of Business
11328 OKEECHOBEE BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address
11328 OKEECHOBEE BLVD.
ROYAL PALM BEACH FL 33411

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90052 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/15/1996

4. FEI Number
65-0686229

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

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 300 D ROYAL COMMERCE RD

Suite, Apt. #, etc.

22 City & State
23 ROYAL PALM BEACH, FL

24 33411 25 U.S.A.

2a. Mailing Address

26 300D ROYAL COMMERCE RD

Suite, Apt. #, etc.

27 City & State
28 ROYAL PALM BEACH, FL

29 33411 30 U.S.A.

9. Name and Address of Current Registered Agent

KUSH, DAVID
133 BOBWHITE ROAD
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name KUSH, DAVID
82 Street Address (P.O. Box Number is Not Acceptable) 233 MONTEREY WAY
83
84 City ROYAL PALM BEACH FL 85 Zip Code 33411

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GOEPPNER, RANDALL
STREET ADDRESS 11614 41ST CT
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE VP
NAME KUSH, DAVID
STREET ADDRESS 133 BOB WHITES RD
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 561 7954280

CR2E034 (11/98)