


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90014 001 \*\*\*150.00

DOCUMENT # *P970000-20311*

1. Entity Name  
*High Definition Electronics Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*3011 NW 75th Ave.*

3. Mailing Address  
*SAME*

Suite, Apt. #, etc.

**94018543**

DO NOT WRITE IN THIS SPACE

City, State  
*Miami FL*

City & State

Zip  
*33122*

Country  
*USA*

4. FEI Number  
*65-0736899*

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Richard Mixson*

Street Address (P.O. Box Number is Not Acceptable)  
*15500 SW 67 Ct.*

City  
*Miami*

FL Zip Code  
*33157*

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 *Richard A. Mixson* *Richard A. Mixson* *2/11/04* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE	<i>P</i>	TITLE	
NAME	<i>Mixson Richard A</i>	NAME	
STREET ADDRESS	<i>15500 SW 67 Ct.</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Miami FL 33157</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard A. Mixson* *Richard A. Mixson* *2/11/04* *(305) 468-4000* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)