2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90101 037 ***158.75

DOCUMENT # P97000088874

1. Entity Name
COMPASS SPEAKERS AND ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
757 NE 17TH ST.. STE. 308	757 NE 17TH ST.. STE. 308
FT. LAUDERDALE FL 33316	FT. LAUDERDALE FL 33316

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1315 MIAMI ROAD	757 SE 17th Street
Suite, Apt. #, etc.: #E	Suite, Apt. #, etc.: PMB #308
City & State: FT. LAUDERDALE, FL	City & State: FT LAUDERDALE, FL
Zip: 33316 Country: USA	Zip: 33316 Country: USA

4. FEI Number 65-0790666 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SARDANA, NIKLAS M III	Name
1315 MIAMI RD	Street Address (P.O. Box Number is Not Acceptable)
#E	
FT. LAUDERDALE FL 33316	City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SARDANA III, NIKLAS M	NAME	
STREET ADDRESS	1315 MIAMI ROAD #E	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/14/02 (954) 779 3992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)