2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000009328 **DOCUMENT#**

1. Entity Name

G.T. AUDIO AMERICA INC.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90104 010 ***150.00

| 2. Principal Place of Business Sulfa, Apt. #, etc. City & State | Principal Place of Business 4826 SHERIDAN STREET HOLLYWOOD FL 33021 | | 4826 | Mailing Address 4826 SHERIDAN STREET HOLLYWOOD FL 33021 | | | | | | | | |
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| City & State City & State Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City & FL Zio Code City & State Office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of orgalization of orgalization agents of the organization of orgalization agents of the organization of organization organization of organization organization organization organization organization of organization organization organiza | 2. Principal P | lace of Business | 3. Mai | 3. Mailing Address | | | | - I INDITARY IN IRINI TRINI TRINI DRINI BRINI BRINI BRINI BRINI BRINI BILITA INTER INTER INTER INTER INTER INTER | | | | |
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| Name Street Address P.O. Box Number is Not Acceptable | ~ | 6Name and Address of Gurren | t Registere | d Agent | | | 7:-N | lame and Address of New Registered | d'Agent | | <u></u> | - |
| Signature: Signature: Step Ste | | | | | | Name | | | | | | 1 |
| Signature: Signature: Step Ste | KARP, ALV | /IN I | | | | | Street Address (BO, Roy Number in Not Acceptable) | | | | | |
| NORTH MIAMI FL: 33162 8. The above named entity submits its statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent and libr it statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent are more registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent are more registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent are more registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of Florids. I am familiar with, and accept the obligations of Florids. I am familiar with, and accept the obligations of Florids. I am familiar with, and accept the obligations of Florids. I am familiar with, and accept the obligations of Florids. I am familiar with, and accept the provided agent and the familiar with, and accept the provided agent and accept the provided agent accept the prov | | | | | Street Address (M.O. Box Number is Not Acceptable) | | | | | | ľ | |
| City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 | | | | | | | | | | | | 1 |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Speak or present never of registered agent to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Speak or present never of registered agent to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | 7. | 7 WH 1 E 00 102 | | | | 0.11 | | | 7in (| nada. | | - |
| SIGNATURE Signature State State | | | | | | City | | F | | Jode - | | |
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| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information | | <u> </u> | | | | | 0 | 440 OZYOVA Florida Control 15 | - usido . 44 4 ** | h = 1=f | atio- | + |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made throughout not that no made and accurate and that my signature shall have the same legal effect as it made throughout not 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:

Daytime Phone #