Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90202 037 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000025934

1. Corporation Name

SYNERGY AUDIO CORP.				
Principal Pace of Business	Mailing Address			. 0 11001 01110 10101 11111 0101 1001
4768 NW 98TH LANE CORAL SPRINGS FL 33076	4768 NW 98TH LANE CORAL SPRINGS FL 33076			
CORME SERINGS FE 33070	OOTINE OF THIROUTE 55070		DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualifed	
			03/18/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-083 4374	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	27		<u> </u>	`
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Country	Trust Fund Contribution	
Zip Country	Zip	¬ '	This corporation owes the current year I Personal Property Tax.	No
24 25	29 3 Current Registered Agent		10. Name and Address of New Registers	7.7
9. Name and Accress of	Current Neglatered Agent	81 Name	T - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-0.1
SIMMS, RJ		,		00
1201 GEORGE BUSH BLVD		82 Street Ad	dress (P.O. Bo) Number is Not Acceptable)	ANE
DELRAY BEACH FL 33483		83	66 700 - 16.	
^		84 City	PAR SORINGI, F	_
office or registered agent, or both, in the	507,0502 and 607,1508, Florida Statutes e State of Florida. Such change was auti e obligations of, Section 607,0505, Florid	horized by the corpora	rporation submines this statement for the purpose of the purpose of the statement for the purpose of t	ointment as registered
	Obligations of, decide de reces, 1986	ALON	- Plarioent_	12/32/98 J
SIGNATURE Signature, typed or printed na ne of regis	stered agent and title if applicable. (NOT 5: R	Registered Agent signature requ	ired when reinstating) DATE	
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	☐ DELETE	1.1 TITLE	7RESIDENT	Change Addition
NAME		1.2 NAME	TOLD WALTON	
STREET ADDRESS		1.3 STREET ADDRESS	1768 11W 98th LANG	·
CiTY-ST-ZIP		1.4 CITY-ST-ZIP	John NALTON 1768 NIW 98th LANE LORAL SIRINGS FI	33076
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRE SS		4.3 STREET ADDRESS		

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 recuired by Chapter 607, Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 if of

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRE 3S

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

AND TYPED OR I RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

954 344 5654

☐ Change

☐ Change

☐ Addition

☐ Addition