FILED May 05, 2003 8:00 am 3 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) Secretary of State P98000073984 DOCUMENT # 05-05-2003 90351 029 ***150.00 1. Entity Name AUTO, AUDIO & ALARM, INC. Principal Place of Business Mailing Address - V V V I I L 14300 SW 82ND AVE., UNIT C 14300 SW 82ND AVE., UNIT C MIAMI FL 33158 MIAMI FL 33158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0866120 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITELOCKE, RICHARD ANDREW Street Address (P.O. Box Number is Not Acceptable) 14300 SW 82ND AVE., UNIT C **MIAMI FL 33158** City 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 register RICHARD ANDREW WHITELOCK SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE ☐ Change WHITELOCKE, RICHARD ANDREW NAME NAME 14300 SW 82ND AVE., UNIT C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME

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.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

WHITELOOKE

04 29 03 (305) 256 - 1 Date Dayume Phone #

☐ Addition