2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000040982** 1. Entity Name CREATIVE AUDIO DESIGN, INC. Principal Place of Business Mailing Address 14340 S.W. 156TH STREET 14340 S.W. 156TH STREET MIAMI FL 33177 MIAMI FL 33177-1074 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name GUZMAN, ERIK M 14340 S.W. 156TH STREET **MIAMI FL 33177** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)

Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90421 017 ***150.00

~ ~ 4 4 1 4 4 DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition Delete TITLE GUZMAN, ERIK M NAME 14340 S.W. 156TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33177** Delete TITLE ☐ Change ☐ Addition LUIS, JOSEPH E NAME STREET ADDRESS STREET ADDRESS 17331 117TH COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33177** Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

SIGNATURE:

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

H. GUZINEN YPED OR PRIN ED NAME OF SIGNING OFFICER OR DIRECTO

address, with all other like empowered