

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90317 012 ***150.00

DOCUMENT # P99000052694

1. Entity Name
MOBILE AUDIO TESTING, INC.

Principal Place of Business 2650 NE 52ND ST. LIGHTHOUSE PT. FL 33064-7052	Mailing Address 2650 NE 52ND ST. LIGHTHOUSE PT. FL 33064-7052
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2. Principal Place of Business 1025 Rockledge Dr	3. Mailing Address 1025 Rockledge Dr
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Suite, Apt. #, etc. # 312	Suite, Apt. #, etc. # 312
City & State Rockledge FL	City & State Rockledge, FL

Zip 33955	Country	Zip 33955	Country	4. FFI Number 59-3579829	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILLIAMS, STEPHEN G 2650 NE 52ND ST. LIGHTHOUSE PT. FL 33064-7052		7. Name and Address of New Registered Agent Name Webb, Dale L. Street Address (P.O. Box Number is Not Acceptable) 1025 Rockledge Drive # 312 City Rockledge FL Zip Code 33955	
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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 *x [Signature]* **Dale L. Webb president** x **Feb 14, 2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete WEBB, DALE L 1025 ROCKLEDGE DR., #312 ROCKLEDGE FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *x [Signature]* **Dale L. Webb** x **Feb 14, 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)