

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
 04-21-2002 90914 043 ***150.00

0211961 AV

DOCUMENT # P99000088126

1. Entity Name
SCHENK AUDIO, INC.

Principal Place of Business Mailing Address

**5125 PALMETTO DR.
 MELBOURNE BEACH FL 32951** **C/O ROBERT FELDMAN, ESQ.
 300 SEVILLA AVE #305
 CORAL GABLES FL 33134**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

8900 SW 107 Ave., Suite 203

City & State City & State

Miami FL

Zip Country Zip Country

33176 USA 33176 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3611163** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FELDMAN, ROBERT L
 300 SEVILLA AVE, SUITE 305
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **FELDMAN, ROBERT L**

Street Address (P.O. Box Number is Not Acceptable)
8900 SW 107 Ave

Suite 203

City **Miami** State **FL** Zip Code **33176**

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: *Robert L. Feldman* **ROBERT L. FELDMAN** **3/2/02**

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. **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHENK, SCOTT | NAME | |
| STREET ADDRESS | 5125 PALMETTO DR | STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PSTD BOACH, PATTI | NAME | |
| STREET ADDRESS | 5125 PALMETTO DR | STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 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)(l), 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: *Patti Boach* **PATTI BOACH** **March 2, 2002** **321-723-6551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)