

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90051 011 ***150.00

0135570

DOCUMENT # P99000104328

1. Entity Name

BYTE AUDIO.COM, INC.

Principal Place of Business

1417 S. POWERLINE RD.
 POMPANO BEACH FL 33069

Mailing Address

1417 S. POWERLINE RD.
 POMPANO BEACH FL 33069

2. Principal Place of Business

4521 PGA BLVD

3. Mailing Address

4521 PGA BLVD

Suite, Apt. #, etc.

348

Suite, Apt. #, etc.

348

City & State

PALM BEACH GARDENS, FL PALM BEACH GARDENS FL

Zip

33410 USA

Zip

33410 USA

4. FEI Number

65-0973138

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLNEY, FRANK
 8700 NW 47 DRIVE
 CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

FRED KRIS

Street Address (P.O. Box Number is Not Acceptable)

4521 PGA BLVD

Suite #108

City

PALM BEACH GARDENS FL

Zip Code

33410

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.

FRED KRIS

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, ROBERT	
STREET ADDRESS	8700 NW 47 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED KRIS	
STREET ADDRESS	4521 PGA BLVD #108	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	V.P. DEVELOPMENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM ADOLPH	
STREET ADDRESS	1861 MOON COURT	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	V.P. MARKETING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORI KETTLER	
STREET ADDRESS	3000 NE 8TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2001 (561) 714-4872
 Date Daytime Phone #

CR2E034 (10/00)