SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:22

DOCUMENT # **S26287** **(0)**

1. Corporation Name
UBAC FL, INC.

Principal Place of Business	Mailing Address
%DATA PROCESSING & CENT. RECS. P.O. BOX 850890 BRAINTREE MA 02185-0890	%DATA PROCESSING & CENT. RECS. P.O. BOX 850890 BRAINTREE MA 02185-0890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/22/1991**
3a. Date of Last Report: **09/29/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **58-1928668** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	SAME	☒ Change ☐ Addition
NAME	MILLARD, DONALD A. JR	12 NAME	SAME	
STREET ADDRESS	HUCKLEBERRY HILL	13 STREET ADDRESS	116 LUNDQUIST DR.	
CITY ST ZIP	LINCOLN MA	14 CITY ST ZIP	BRAINTREE MA 02184	
TITLE	D	21 TITLE	SAME	☒ Change ☐ Addition
NAME	MILLARD, DAVID	22 NAME	SAME	
STREET ADDRESS	TWIN POND, LANE	23 STREET ADDRESS	116 LUNDQUIST DR.	
CITY ST ZIP	LINCOLN MA	24 CITY ST ZIP	BRAINTREE, MA 02184	
TITLE	SD	31 TITLE	SAME	☒ Change ☐ Addition
NAME	MILLARD, JOHN D.	32 NAME	SAME	
STREET ADDRESS	380 ELM ST	33 STREET ADDRESS	116 LUNDQUIST DR.	
CITY ST ZIP	CONCORD MA	34 CITY ST ZIP	BRAINTREE MA 02184	
TITLE	T	41 TITLE	SAME	☒ Change ☐ Addition
NAME	MASON, JOHN B.	42 NAME	SAME	
STREET ADDRESS	605 SOUTH STREET	43 STREET ADDRESS	116 LUNDQUIST DR.	
CITY ST ZIP	HOLBROOK MA	44 CITY ST ZIP	BRAINTREE MA 02184	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John B Mason TREASURER JOHN B. MASON 6/13/95 (617) 848-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VIA CERTIFIED MAIL R.R.R., ARTICLE # Z 380 301 844

0176715 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 2:12

DOCUMENT # S27901 (5)

1. Corporation Name
RICHMOND SOUND DESIGN INC.

Principal Place of Business	Mailing Address
7041 GRAND NATIONAL DR STE 1281 ORLANDO FL 32819 US	7041 GRAND NATIONAL DR STE 1281 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1991
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3045729	☐ Applied For ☐ Not Applicable
21 7041 Grand National Dr.	26 7041 Grand National Dr.		
22 Suite, Apt. #, etc: Ste. 128-I	27 Suite, Apt. #, etc: Ste.128-I	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Orlando FL	28 City & State: Orlando FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 32819 25 Country: USA	29 Zip: 32819 30 Country: USA	8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

TRIMBLE, MELISSA M
57 W. PINE ST. SUITE 300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: TRIMBLE, MELISSA M.
82 Street Address (P.O. Box Number is Not Acceptable): 201 East Pine St. Ste 700
83 ~~Orlando FL 32801~~
84 City: Orlando FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Melissa Trimble (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE: 6-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☐ Addition
NAME	RICHMOND, CHARLES B.	12 NAME	RICHMOND, CHARLES B.
STREET ADDRESS	2963 W. 27TH AVE.	13 STREET ADDRESS	3036 W. 24th Ave.
CITY ST ZIP	VANCOUVER, BC CANADA	14 CITY ST ZIP	Vancouver BC V6L 1R6 Canada
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Richmond (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) June 6.95 (Date) 604/664-5862 (Daytime Phone #)

0042233 CP