## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # V34792 1. Entity Name AUDIOPRINT INTERNATIONAL, INC. 04-23-2002 90330 003 \*\*\*150.00 Principal Place of Business Mailing Address 7404 EVESBOROUGH LANE 36181 EAST LAKE RD **NEW PORT RICHEY FL 34655** #137 PALM HARBOR FL 34685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt # etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3126315 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADBREST: CHANGE WILLIAMS, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 36181 EAST LAKE RD 437 11350 GOTH STREET NORTH PALM HARBON FL 34685 SUITE 1127 LARGO FL 34643 -City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 🗷 Delete TITLE WILLIAMS, RICHARD J WILLIAMS RICHARD J. NAME NAME 36181 GAST LAKE RO. 4137 11350 66TH STREET NORTH, STE, 112 STREET ADDRESS STREET ADDRESS LARGO FL 34643 CITY-ST-ZIP PALM HARBOR FL 34.685 CITY-ST-7IP TITLE 🙀 Delete TITLE X Change ☐ Addition WILLIAMS, TONYA K NAME WILLIAMS, TONYA K NAME SAME AS ABOUE STREET ADDRESS 11350 66TH STREET NORTH, STE.112 STREET ADDRESS CITY-ST-ZIP LARGO FL 34643 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Delete TITLE Change ■ Addition 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 rchanged; or on an attachment with any address, with all other like empowered.

**FILED**