2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # V36536** 04-30-2004 90289 002 ***150.00 1. Entity Name AIR RADIO & INSTRUMENTS CORP. Principal Place of Business Mailing Address 7875 NW 64 STREET 300 TAFT ST. MIAMI, FL 33166 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address 3000 TAFT Suite, Apt. #, etc. Suite, Apt. #, etc. 03182004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For HOLLY WOOD FL 65-0335132 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33021 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDELSON, VICTOR H ESQ Street Address (P.O. Box Number is Not Acceptable) 3000 TAFT STREET HOLLYWOOD, FL 33021 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DT TITLE ☐ Change ☐ Addition TITLE Delete IRWIN, THOMAS S NAME NAME STREET ADDRESS 3000 TAFT STREET STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP AS ☐ Delete TITLE Change ☐ Addition NAME VETTER, JUDITH W NAME 3000 TAFT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LETENDRE, ELIZABETH R NAME NAME STREET ADDRESS 3000 TAFT STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORELL, LUIS J NAME NAME **7875 NW 64 STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED