


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90212 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V36536			
1. Entity Name AIR RADIO & INSTRUMENTS CORP.			
Principal Place of Business 7875 NW 64 STREET MIAMI, FL 33166 US		Mailing Address 7875 NW 64 STREET MIAMI, FL 33166 US	
2. Principal Place of Business		3. Mailing Address 3000 TAFT ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOLLYWOOD FL	
Zip	Country	Zip	Country
33021	US	33021	US
4. FEI Number 65-0335132		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDELSON, VICTOR H ESQ 3000 TAFT STREET HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small> DATE _____			
FILE NOW!! FEE IS \$150.00 <small>After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, THOMAS S	NAME	
STREET ADDRESS	3000 TAFT STREET	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021	CITY-STATE-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETTER, JUDITH W	NAME	
STREET ADDRESS	3000 TAFT STREET	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021	CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETENDRE, ELIZABETH R	NAME	
STREET ADDRESS	3000 TAFT STREET	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021	CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELL, LUIS J	NAME	
STREET ADDRESS	7875 NW 64 STREET	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33166	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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.			
SIGNATURE: <u>Thomas S Irwin</u>		Date: <u>4-25-03</u> Daytime Phone #: <u>9549876101</u>	