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 MAY 31 AM 8:56

DOCUMENT # **V56762** **(0)**

1. Corporation Name
TUNERS DIRECT INC.

Principal Place of Business	Mailing Address
2603 NE 17TH TERR GAINESVILLE FL 32609 US	2603 NE 17TH TERR GAINESVILLE FL 32609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3142809 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CROCKETT JEWEL E~~
~~2603 NE 17TH TERR~~
~~GAINESVILLE FL 32609~~

10. Name and Address of New Registered Agent

81 Name: David MacQuigg
82 Street Address (P.O. Box Number is Not Acceptable):
83: 4401 SW 44th Street
84 City: Gainesville FL 85 Zip Code: 32608

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: David MacQuigg — David MacQuigg — 5-26-95
(Signature, typed or printed name of registered agent and title if applicable) (Only Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	CROCKETT JEWEL E	12 NAME	David MacQuigg
STREET ADDRESS	704 NW 9TH AVE.	13 STREET ADDRESS	4401 SW 44 Street
CITY-ST-ZIP	WILLISTON FL 32696	14 CITY-ST-ZIP	Gainesville, FL 32608
TITLE	C	21 TITLE	☒ Change ☐ Addition
NAME	MACQUIGG, DAVID	22 NAME	Delete
STREET ADDRESS	4401 SW 44TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	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: David MacQuigg — David MacQuigg — 5-26-95 — 904-377-9397
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000188 CP