

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004719

Entity Name: AUDIOVOX ATLANTA CORP.**Current Principal Place of Business:**981 N BURNT HICKORY ROAD
DOUGLASVILLE, GA 30134**Current Mailing Address:**180 MARCUS BLVD
HAUPPAUGE, NY 11788 US**FEI Number:** 58-1632418**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|--------------------|
| Title | VP / DIRECTOR |
| Name | STOEHR, CHARLES M |
| Address | 180 MARCUS BLVD |
| City-State-Zip: | HAUPPAUGE NY 11788 |

| | |
|-----------------|--------------------|
| Title | VP |
| Name | SHELTON, LORIANN |
| Address | 180 MARCUS BLVD |
| City-State-Zip: | HAUPPAUGE NY 11788 |

| | |
|-----------------|--------------------|
| Title | S |
| Name | JOHNSON, CHRIS LIS |
| Address | 180 MARCUS BLVD |
| City-State-Zip: | HAUPPAUGE NY 11788 |

| | |
|-----------------|----------------------|
| Title | PRESIDENT / DIRECTOR |
| Name | LAVELLE, PATRICK M |
| Address | 180 MARCUS BLVD |
| City-State-Zip: | HAUPPAUGE NY 11788 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES M. STOEHR

VP / DIRECTOR

01/18/2018

Electronic Signature of Signing Officer/Director Detail_____
Date