

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90036 034 ***150.00

DOCUMENT # 432603

1. Entity Name

WORLD OF SOUND INC

Principal Place of Business

Mailing Address

% MENDOZA, CALLAS & SCHILLING
 251 ROYAL PALM WAY, P O BOX 2715
 PALM BCH FL 33480

% MENDOZA, CALLAS & SCHILLING
 251 ROYAL PALM WAY, P O BOX 2715
 PALM BCH FL 33480-2715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City, & State

4. FEI Number

59-1519119

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE MENDOZA, MARIO G III
MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINICOLO, JOHN		NAME		
STREET ADDRESS	251 ROYAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	VDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINICOLO, PETER		NAME		
STREET ADDRESS	251 ROYAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, DEBRA		NAME		
STREET ADDRESS	251 ROYAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINICOLO, PETER		NAME		
STREET ADDRESS	251 ROYAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MENDOZA, MARIO G III		NAME		
STREET ADDRESS	251 ROYAL PALM BEACH		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

John Cinicolo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Cinicolo, Pres.

Date

(561) 691-4434

Daytime Phone #

CR2E034 (9/99)