

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90021 022 \*\*\*150.00



**DOCUMENT # 432603**  
 1. Entity Name  
**WORLD OF SOUND INC**

Principal Place of Business  
**12765 FOREST HILL BLVD.  
 SUITE 1302  
 WELLINGTON, FL 33414 US**

Mailing Address  
**12765 FOREST HILL BLVD.  
 SUITE 1302  
 WELLINGTON, FL 33414 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1519119**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent  
**DE MENDOZA, MARIO G III  
 12765 FOREST HILL BLVD., SUITE 1302  
 WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent  
 Name  
**Mario G. de Mendoza, III, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12765 Forest Hill Boulevard, Suite 1302**  
 City  
**Wellington FL** Zip Code  
**33414**

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: **Mario G. de Mendoza, III, President** DATE: **1/30/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CINICOLO, JOHN	
STREET ADDRESS	12765 FOREST HILL BLVD., SUITE 1302	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	CINICOLO, PETER	
STREET ADDRESS	12765 FOREST HILL BLVD., SUITE 1302	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	S	<input type="checkbox"/> Delete
NAME	CINICOLO, PETER	
STREET ADDRESS	12765 FOREST HILL BLVD., SUITE 1302	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DE MENDOZA, MARIO G III	
STREET ADDRESS	12765 FOREST HILL BLVD., SUITE 1302	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: **John Cinicolo, President** Date: **2/2/04** Daytime Phone #: **(561) 691-4434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR