

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P94000025063~~ **A33386**

1. Entity Name
Sony Partners Limited

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business Mailing Address
95 S. Federal Hwy #205 **95 S. Federal Hwy #205**
Boca Raton, Fl 33432 **Boca Raton, Fl 33432**

2. Principal Place of Business 3. Mailing Address
3348 Peachtree Rd **3348 Peachtree Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 675 **Suite 675**

City & State City & State
Atlanta, Ga. **Atlanta, Ga.**

Zip Country Zip Country
30326 **30326**

4. FEI Number Applied For
65-0361691 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Songy, David B.
95 South Federal Highway
#205
Boca Raton, Florida 33432

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$140,000**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION
DOCUMENT # **A33386 P94000025063**
STREET ADDRESS **SBL Florida, Inc.**
CITY-ST-ZIP **95 S. Federal Hwy #205**
Boca Raton, Fl. 33432

13. ADDRESS CHANGES ONLY
STREET ADDRESS **700003290337--2**
CITY-ST-ZIP **06/15/00 01012-011**
*****535.00 ***535.00**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **David B. Songy** **4/21/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)