2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL AND FILED

01 MAY -3 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0027980 AF

DOCUMENT # L98000002110

1. Entity Name

SOUND INVESTORS, L.L.C.

Principal Place of Business	Mailing Address
~~1234 NORTHWEST 79TH STREET~~	~~1234 NORTHWEST 79TH STREET~~
~~MIAMI FL 33147~~	~~MIAMI FL 33147~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2451 NE 4th AVE	2451 NE 4th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach FL	City & State: POMPANO BEACH
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. FEI Number: 65-0865412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SAVELLE, SIDNEY H
~~1234 NW 79TH STREET~~
~~MIAMI FL 33147~~

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 2451 NE 4th AVE

City: Pompano Beach FL Zip Code: 33064

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: SIDNEY H SAVELLE [signature] 1-25-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SAVELLE, SIDNEY H ~~1234 NORTHWEST 79TH STREET~~ ~~MIAMI FL 33147~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2451 NE 4th AVE POMPANO BEACH FL 33064
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004326652--5 -05/29/01--01159--018 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 managing member or manager of the *limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.*

SIGNATURE: [signature] SIDNEY H SAVELLE 01/25/01 954 942-3033 x216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #