## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000052000

Name:

Address:

City-St-Zip:

FILED Jan 11, 2004 Secretary of State

Entity Name: TIGHT SHOTS & SOUNDS, INC. **Current Principal Place of Business: New Principal Place of Business:** 4335 BRADFORDVILLE RD TALLAHASSEE, FL 32309 **Current Mailing Address: New Mailing Address:** 4335 BRADFORDVILLE RD TALLAHASSEE, FL 32309 FEI Number: 65-1188764 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLDBERG, STUART E ESQ 2039 CENTÉR POINTE BLVD STE 201 TALLAHASSEE, FL 32308 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition BARBER, CHUCHA BARBER, CHUCHA Name: Name: 4335 BRADFORDVILLE RD 4335 BRADFORDVILLE RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: VΡ ( ) Change (X) Addition Name: Name: BARBER, RUSS T 4335 BRADFORDVILLE ROAD Address: Address: TALLAHASSEE, FL 32309 City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: () Delete BARBER, RUSS T JR. Name: Name: 4335 BRADFORDVILLE ROAD Address Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: VΡ ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

BARBER, RYAN M

4335 BRADFORDVILLE ROAD

TALLAHASSEE, FL 32309

SIGNATURE: CHUCHA BARBER PRES 01/11/2004