

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90246 040 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000071477**

1. Corporation Name  
**TIERRA SOUND, INC.**

Principal Place of Business  
**411 19TH ST. SOUTH  
 ST. PETERSBURG FL 33712**

Mailing Address  
**411 19TH ST. SOUTH  
 ST. PETERSBURG FL 33712**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/13/1995**

4. FEI Number  
**59-3337977** Applied For  
 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc. 22  
 23 City & State  
 24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc. 27  
 28 City & State  
 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**PSALTIS, JOHN P  
 411 19TH ST. SOUTH  
 ST. PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PSALTIS, JOHN B	
STREET ADDRESS	411 19TH ST. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PSALTIS, HELEN	
STREET ADDRESS	411-19TH ST. SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PSALTIS, BILL	
STREET ADDRESS	411-19TH ST. SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PSALTIS, MIA	
STREET ADDRESS	411-19TH ST. SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTA, HANI	
STREET ADDRESS	411-19TH ST. SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John P. Psaltis* **SIGNATURE REQUIRED** 4-16-99 727-822-3290  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)