2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90074 003 ***158.75

DOCUMENT # P96000015764

1. Entity Name

SOUND VENTURE INC.

Principal Place of Business	Mailing Address
... POWELL DR ... WALTON FL 32547	PO BOX 1406 FT WALTON FL 32549-1406 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
27241 Rio Vista Cir.		P.O. Box 784	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bonita Springs FL		City & State: Bonita Springs FL	
Zip: 34133	Country: USA	Zip: 34133	Country: USA

4. FEI Number 59-3364775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOCKER, KENNETH
648 POWELL DR
FT WALTON FL 32549

7. Name and Address of New Registered Agent

Name: Kenneth Stocker
Street Address (P.O. Box Number is Not Acceptable): 27241 Rio Vista Cir
City: Bonita Springs FL Zip Code: 34133

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 [signature] Kenneth Stocker Pres. 4-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST STOCKER, KENNETH 648 POWELL DR FT WALTON BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Kenneth Stocker 27241 Rio Vista Cir Bonita Springs FL 34133	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-10-00 941-491-0523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #