

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90388 016 \*\*\*150.00

DOCUMENT # P97000053356



1. Entity Name  
SUPERSONIC SIGNS & BANNERS, INC.

Principal Place of Business  
174-A E. MITCHELL HAMMOCK RD.  
OVIEDO FL 32765  
US

Mailing Address  
174-A E. MITCHELL HAMMOCK RD.  
OVIEDO FL 32765  
US

2. Principal Place of Business  
1065 E. Broadway  
Suite, Apt. #, etc.  
Suite 5

3. Mailing Address  
P.O. Box 621590  
Suite, Apt. #, etc.

City & State  
Oviedo, FL

City & State  
Oviedo, FL

4. FEI Number 59-3453572

Applied For  
Not Applicable

Zip Country  
32765 USA

Zip Country  
32762-1590 USA

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

TODD, KRISTEEN  
171 BLUEBROOK CT  
OVIEDO FL 32766

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R. Todd, V. president*  
Signature, typed or printed name of registered agent and title if applicable.

1/6/03  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TODD, KRISTEEN 171 BLUEBROOK COURT OVIEDO FL 32766	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS TODD, RICK 171 BLUEBROOK COURT OVIEDO FL 32766	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *R. Todd* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03  
Date

407-366-4687  
Daytime Phone #

CR2E034 (10/02)