

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State
 07-05-2000 90878 016 ***155.00

DOCUMENT # P99000006072 (R)
 1. Entity Name
DYNAMIC SOUND LIMITED, INC.

Principal Place of Business
937 Central Ave
St. Petersburg Fl
33709

Mailing Address
13790 49th St N Ste A
Clearwater Fl
33762

2. Principal Place of Business
937 Central Ave
 Suite, Apt. #, etc. _____

3. Mailing Address
13790 49th St N
 Suite, Apt. #, etc. Suite A

City & State
St Petersburg Fl
 Zip 33709 Country USA

City & State
Clearwater Fl
 Zip 33762 Country USA

4. FEI Number
59-3552097

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ALBERT ERIC ESTES
13790 49th St N, Suite A
Clearwater Fl 33762

7. Name and Address of New Registered Agent

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.

SIGNATURE: ALBERT ERIC ESTES (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE: 6-1-2000

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 \$160.00
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

TITLE	<u>President - VP - COO</u> <input type="checkbox"/> Delete
NAME	<u>ALBERT ERIC ESTES</u>
STREET ADDRESS	<u>13790 49th St N</u>
CITY-ST-ZIP	<u>Clearwater Fl 33762</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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: ALBERT ERIC ESTES 6-1-2000 (817-403-0700)
 Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E034 (9/99)