FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90138 001 ***550.00
07-18-2002 90138 002 *****8.75

97658

DOCUMENT # P99000043004

1. Entity Name
SOUNDS FANTASTIC PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
2922 N. STATE RD 7
Suite, Apt. #, etc.
101
City & State
MARGATE, FLORIDA
Zip 33063
Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0943008 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: JAIME RESTREPO
Street Address (P.O. Box Number is Not Acceptable): 5423 NW 55TH TERRACE
City: COCONUT CREEK FL Zip Code 33073

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, 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) [ ]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 PD NAME PETER KING STREET ADDRESS 2922 N. STATE RD 7 CITY-ST-ZIP MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address; with all other like empowered.

SIGNATURE: _____ PETER KING, PRESIDENT 7-14-02 (954) 978-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #