


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000123533  
 1. Entity Name  
 SOUND BARTER CORPORATION



Principal Place of Business  
 3100 NW BOCA RATON BLVD STE 404  
 BOCA RATON, FL 33431

Mailing Address  
 3100 NW BOCA RATON BLVD STE 404  
 BOCA RATON, FL 33431



04172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 71-0914819

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PAUL, PETER  
 9211 STERLING DRIVE  
 MIAMI, FL 33157

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PEREZ, CLAUDIO M
STREET ADDRESS	3100 NW BOCA RATON BLVD STE 404
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PDCE
NAME	VICKERS, IAN M
STREET ADDRESS	3100 NW BOCA RATON BLVD STE 404
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VDCI
NAME	KESIC, STEF
STREET ADDRESS	3100 NW BOCA RATON BLVD STE 404
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VSTD
NAME	PAUL, PETER
STREET ADDRESS	3100 NW BOCA RATON BLVD STE 404
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000119809  
 04/19/04-80114-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CLAUDIO M. PEREZ *CHAIRMAN/DIR* 4/17/04 305 694-4040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #