

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90333 004 \*\*\*158.75

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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**

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. 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, 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 <b>C, D</b>	NAME <b>CLAUDIO M. PEREZ</b>	TITLE	NAME
STREET ADDRESS <b>3100 NW BOCA RATON BLVD. STE 404</b>	CITY-ST-ZIP <b>BOCA RATON, FL. 33431</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>P, CEO, D</b>	NAME <b>IAN M. VICKERS</b>	TITLE → <b>CEO = CHIEF EXECUTIVE OFFICER</b>	NAME
STREET ADDRESS <b>3100 NW BOCA RATON BLVD. STE 404</b>	CITY-ST-ZIP <b>BOCA RATON, FL. 33431</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>NY, CIO, D</b>	NAME <b>STEF KESIC</b>	TITLE → <b>CIO = CHIEF INFORMATION OFFICER</b>	NAME
STREET ADDRESS <b>3100 NW BOCA RATON BLVD STE 404</b>	CITY-ST-ZIP <b>BOCA RATON, FL. 33431</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>V, S, T, D</b>	NAME <b>PETER PAUL</b>	TITLE	NAME
STREET ADDRESS <b>3100 NW BOCA RATON BLVD. STE 404</b>	CITY-ST-ZIP <b>BOCA RATON, FL. 33431</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: CLAUDIO M. PEREZ **1/24/03** **(305) 694-4040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHAIRMAN** Date Daytime Phone #

CR2E034 (10/02)