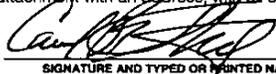


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90180 041 ***150.00

| | | | | | |
|---|------------------------------|--|--|--|--|
| DOCUMENT # 340909 | | | |  | |
| 1. Entity Name JACKSONVILLE SOUND & COMMUNICATIONS, INC. | | | | | |
| Principal Place of Business 5021 STEPP AVE JACKSONVILLE, FL 32216 US | | | Mailing Address 5021 STEPP AVE JACKSONVILLE, FL 32216 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  04212005 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1229041 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SICK, WILSON W., JR. 8070 LAKECREST DR. JACKSONVILLE, FL 32256 | | | | 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, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | D/P/C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEGLEY, ROBERT E JR | | NAME | | |
| STREET ADDRESS | 12338 PLEASURE BAY COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 | | CITY-ST-ZIP | | |
| TITLE | CTD | <input type="checkbox"/> Delete | TITLE | T/O | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SICK, WILSON W., JR. | | NAME | | |
| STREET ADDRESS | 8070 LAKECREST DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SICK, WILSON W III | | NAME | | |
| STREET ADDRESS | 616 E CLUB CIR DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD, FL 32779 | | CITY-ST-ZIP | | |
| TITLE | SV | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STANDIFORD, CAROL B | | NAME | | |
| STREET ADDRESS | 121A 13TH AVE S | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STROSS, BRYAN A | | NAME | | |
| STREET ADDRESS | 5832 BARTRAM CIR S | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | | Carol B. Standiford | | 4-22-05 904-737-3511 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |