

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447579

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: SOUND ADVICE, INC.

## Current Principal Place of Business:

% CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## New Principal Place of Business:

40 PEQUOT WAY  
CANTON, MA 02021 US

## Current Mailing Address:

% CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## New Mailing Address:

40 PEQUOT WAY  
CANTON, MA 02021 US

FEI Number: 59-1520531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MCGUIRE, JOSEPH  
Address: 40 PEQUOT WAY  
City-St-Zip: CANTON, MA 02021 US

Title: PT ( ) Delete  
Name: STONE, JEFFREY  
Address: 40 PEQUOT WAY  
City-St-Zip: CANTON, MA 02021 US

Title: S ( ) Delete  
Name: SAWITSKY, KITT  
Address: 400 ATLANTIC AVE  
City-St-Zip: BOSTON, MA 02110 US

Title: AS ( ) Delete  
Name: AVERY, DANIEL  
Address: 400 ATLANTIC AVENUE  
City-St-Zip: BOSTON, MA 02110 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C ( ) Change (X) Addition  
Name: BLOOMBERG, SAMUEL MR.  
Address: 40 PEQUOT WAY  
City-St-Zip: CANTON, MA 02021 US

Title: D ( ) Change (X) Addition  
Name: MAHONEY, JOHN MR.  
Address: 500 STAPLES DRIVE C/O STAPLES  
City-St-Zip: FRAMINGHAM, MA 01702 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MCGUIRE

VP

01/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date