2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447579

Entity Name: SOUND ADVICE, INC.

FILED Jul 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 40 PEQUOT WAY CANTON, MA 02021 US **Current Mailing Address: 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCGUIRE, JOSEPH MCGUIRE, JOSEPH Name: Name: 40 PEQUOT WAY 40 PEQUOT WAY Address: Address: City-St-Zip: CANTON, MA 02021 US City-St-Zip: CANTON, MA 02021 US Title: Title: () Delete (X) Change () Addition Name: STONE, JEFFREY Name: STONE, JEFFREY 40 PEQUOT WAY 40 PEQUOT WAY Address: Address: CANTON, MA 02021 US CANTON, MA 02021 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition SAWITSKY, KITT HUNT, GREG Name: Name: 400 ATLANTIC AVE 40 PEQUOT WAY Address: Address: City-St-Zip: BOSTON, MA 02110 US City-St-Zip: CANTON, MA 02021 US Title: () Delete Title: AS (X) Change () Addition AVERY, DANIEL OSER, DUANE Name: Name: Address: 400 ATLANTIC AVENUE Address: 40 PEQUOT WAY City-St-Zip: City-St-Zip: BOSTON, MA 02110 US CANTON, MA 02021 US Title: Title: () Delete () Change () Addition BLOOMBERG, SAMUEL MR. Name: Name: 40 PEQUOT WAY Address: Address: City-St-Zip: CANTON, MA 02021 US City-St-Zip: Title: () Delete Title: (X) Change () Addition MAHONEY, JOHN MR. Name: Name: FISCHMAN, STEVEN MR. 500 STAPLES DRIVE C/O STAPLES C/O N.E. DEVELOPMENT, ONE WELLS AVE Address: Address: City-St-Zip: FRAMINGHAM, MA 01702 US City-St-Zip: NEWTON, MA 02459 US

above, or on an attachment with an address, with all other like empowered. SIGNATURE: DUANE OSER VΡ 07/03/2007 Date

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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