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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **456360** **(7)**

1. Corporation Name
PHOTOSOUND OF ORLANDO, INC.

Principal Place of Business	Mailing Address
718 VIRGINIA DRIVE P.O. BOX 536575 ORLANDO FL 32803 US	P.O. BOX 536575 P.O. BOX 536575 ORLANDO FL 32853-8575 US

3. Date Incorporated or Qualified: **07/03/1974**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 — 27
City & State — 23 — 28
Zip — 24 — Country — 25 — Zip — 29 — Country — 30

4. FEI Number: **59-1538048** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STACKFLETH, ELLIS L
1419 YORKTOWN CT
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name: Gloria L. Stackfleth
82 Street Address (P.O. Box Number is Not Acceptable): 1419 Yorktown Court
83
84 City: Melbourne FL 85 Zip Code: 32940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gloria L Stackfleth — Gloria L. Stackfleth — 03-19-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTD STACKFLETH, ELLIS L 1419 YORKTOWN CT MELBOURNE FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STACKFLETH, GLORIA 1419 YORKTOWN CT MELBOURNE FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	C/S/D Stackfleth, Gloria L. 1419 Yorktown Court Melbourne, FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOODBURY, ROGER E 7963 DUNSTABLE CIRCLE ORLANDO FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P/T/D Woodbury, Roger F. 7963 Dunstable Circle Orlando, FL 32817	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STACKFLETH, MICHAEL L 8325 AMBEROAK DR ORLANDO, FL 00000	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roger F. Woodbury — Roger F. Woodbury — 03-19-97 (407) 568-6811