

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 456360**1. Entity Name  
PHOTOSOUND OF ORLANDO, INC.

## Principal Place of Business

718 VIRGINIA DRIVE  
P.O. BOX 536575  
ORLANDO  
32803

FL

US

## Mailing Address

P.O. BOX 536575  
P.O. BOX 536575  
ORLANDO  
328536575

FL

US

## 2. Principal Place of Business

718 VIRGINIA DRIVE

## 3. Mailing Address

P.O. BOX 536575

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

ORLANDO

FL

## City &amp; State

ORLANDO

FL

## Zip

32803

## Country

US

## Zip

328536575

## Country

US

## 4. FEI Number

59-1538048

## Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

STACKFLETH GLORIA L  
7915 NASHUA LANE

ORLANDO

FL

32817

## 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.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/09/2001

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	STACKFLETH, MICHAEL L	
STREET ADDRESS	8325 AMBEROAK DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	WOODBURY, ROGER E	
STREET ADDRESS	7963 DUNSTABLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	STACKFLETH GLORIA L	
STREET ADDRESS	7915 NASHUA LANE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACKFLETH MICHAEL LMR.	
STREET ADDRESS	8325 AMBEROAK DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBURY ROGER EMR.	
STREET ADDRESS	7963 DUNSTABLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACKFLETH GLORIA LMRS.	
STREET ADDRESS	7915 NASHUA LANE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Roger E. Woodbury

Pres

04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)