SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (8)590179 THE SOUND, INC. Mailing Address Principal Place of Business 108 WEST HWY 98 108 WEST HWY 98 FT WALTON BCH FL 32548 FT WALTON BCH FL 32548 3a. Date of Last Report 3. Date incorporated or Qualified 05/22/1995 10/17/1978 Applied for 4. FEI Number 2a. Mailing Address 26 601 CINCO TERRACE 2. Principal Place of Business Not Applicable 59-1859390 26 21 \$8.75 Additional Suite Apt #, etc Certificate of Status Desired Suite, Apt #, etc Fee Required 22 \$5.00 May Be 6. Flection Campaign Financing City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199 032 Zip Yes No Florida Statutes 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agen 81 Name WILSON, PENNY N. Street Address (P.O. Box Number is Not Acceptable) 108 WEST HWY 98 FT. WALTON BCH FL 32548 83 Zip Code 85 City 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agenil signal ire required when redistal on) Stock on typed or prior, also as all respectived agent and title if applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 111006 TITLE CR2E034 1.2 NAME WILSON, PENNY N NAME 1.3 STREET ADDRESS **601 CINCO TERRACE LANE** STREET ADDRESS 1.4 CITY - ST - ZIP FT WALTON BCH, FL 00000 CITY - ST - ZIP Change Addition DELETE 21 1111 F TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change ____ Addition DELETÉ 3.1 Table TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34 City St ZIP CITY-ST-ZIP Change Addition DELETE 411016 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST - ZIP CHTY-ST-ZIF Change Addition DELETE 5.1 TIFLE TITLE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5 4 City - ST - ZIP CITY-ST ZIP Change Adoition DELETE 6.1 Table TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 CITY - ST - ZIP Pied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if one of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 13 if chapter or an attachapted with an addresse. CITY - S1 - 7(2) 14. I do hereby certify that the information further certify that the information indica-made under oath; that I am an officer or if changed, or on an attachment with an addless

6.19.96

that my name appears in Block

SIGNATURE: