2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002071

1. Entity Name

FALCON SOUND, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 12

Principal Place of Business
1637 EAST VINE STREET. SUITE E
KISSIMMEE FL 34744

Mailing Address
1637 EAST VINE STREET. SUITE E
KISSIMMEE FL 34744

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DUE BY MAY 1, 2002

4. FEI Number 59-3612550 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASQUE, JAMES F 1637 EAST VINE STREET, SUITE E KISSIMMEE FL 34744	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000106932	STREET ADDRESS	AL
NAME	FALCON SOUND, INC.	CITY-ST-ZIP	
STREET ADDRESS	1637 EAST VINE STREET, SUITE E		
CITY-ST-ZIP	KISSIMMEE FL 34744		
DOCUMENT #		STREET ADDRESS	600005293396--1
NAME		CITY-ST-ZIP	-04/18/02--01062--013
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE President KEN Dixon 4/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

0016195 AT

CR2E003 (9/01)

STAPLE CHECK HERE