2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 31, 2005 8:00 am Secretary of State

| Materian Andrews of Business 2. Principal Risca of Business 3. Mailing Activess Sulfs, API, 8, old. Sulfs, API | DOCUMENT # F56541 1. Entity Name STREET SOUND, INC. | | | | | | | | 05-03- | -2005 9001 | 73 045 * | ***150.00 |
|--|--|---------------|-------------------------------|--------------------------------|------------|--------------|-----------|------------------|----------------------|-------------------|---------------|--------------|
| Suite, AGU F, BIC. Suite, | 4221 NORTH | FLORIDA A | | 4221 NORTH FLORIDA AVENUE | | | | | | | | |
| SUID. ASILES City & State City & State City & State Country City & State Country Count | 2. Principal P | lace of Busin | ness | 3. Mailing Address Chelson St. | | | | | | | | |
| TAMPA, FL 33603 S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. | Suite, Apt. #, etc. | | | | | | 04272005 | Chg-P | CR2E0 | 34 (10/03) | | |
| 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSE, SIDNEY E 4332 N. NEBRASKA AVE. TAMPA, FL 33603 City City FL Zip Code 6. The above named entity submits this subsement for the purpose of changing is registered office or registered agent, or both, in the State of Rorids. I am formities with, and accept the collegations of registered agent. SIGNATURE FILE NOWILL PEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Total Fund Contribution. DOS, SIDNEY E OFFICERS AND DIRECTORS IN THE NAME AGENT A | City & State | | | Talan Li | | | | | | | | |
| ROSE, SIDNEYE 4332 N. NEBRASKA AVE TAMPA, FL 33603 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Piords. I am familities with, and accept the obligations of registered agent, or both, in the State of Piords. I am familities with, and accept the obligations of registered agent, or both, in the State of Piords. I am familities with, and accept the obligations of registered agent, or both, in the State of Piords. I am familities with, and accept the obligations of registered agent, or both, in the State of Piords. I am familities with, and accept the obligations of registered agent, or both, in the State of Piords. I am familities with, and accept the obligations of registered agent, or both, in the State of Piords. I am familities with, and accept the obligations of registered agent, or both, in the State of Piords. I am familities with, and accept the obligations of registered agent, or both, in the State of Piords. I am familities with, and accept the obligations of registered agent, or both, in the State of Piords. I am familities with, and accept the obligations of registered agent, or both, in the State of Piords. I am familities with, and accept the obligation of registered agent, or both, in the State of Piords. I am familities with, and accept the obligation of registered agent, or both, in the State of Piords. I am familities with, and accept the obligation of registered agent, or both, in the State of Piords. I am familities of registered Agent, or registered agent, or both, in the State of Piords. I am families or accept the acce | Zip | | | 33603 | 33603 U | | | | | Fee Required | | |
| ROSE, SIDNEY E 33603 City FL Zip Code 8. The above named entity submits this subment for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the a collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the a collegation of registered agent, or both, in the State of Florids. I am familiar with, and accept the acceptance of registered agent, or both, in the State of Florids. I am familiar with, and accept the acceptance of registered agent, or both, in the State of Florids. I am familiar with, and accept the acceptance of registered agent, or both, in the State of Florids. I am familiar with, and accept the acceptance of registered agent, or both, in the State of Florids. I am familiar with, and accept the acceptance of registered agent, or both, in the State of Florids. I am familiar with, and accept the acceptance of registered agent, or both, in the State of Florids. I am familiar with, and accept the acceptance of registered agent, or both, in the State of Florids. I am familiar with, and accept the acceptance of registered agent, or both in the State of Florids. I am familiar with, and accept the acceptance of registered agent, or both in the State of Florids. I am familiar with, and accept the acceptance of registered agent, or both in the State of Florids. I am familiar with, and acceptance agent acceptance of registered agent, or both in the same legal acceptance agent. City - 1. Decide | | 6. Name | and Address of Current | Registered Agent | | Name | | 7. Name en | d Address of Nev | r Registered A | gent | |
| 8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIG | 4332 N. NI | EBRASK/ | AAVE. | | | | | | | | | |
| THE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$590.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL PO OSE, SIDNEY E STRET MORES CITY-SI-3P TAMPA, FL 33603 Delds ITILL NAME STRET MORES CITY-SI-3P TOTAL POPE THE NAME STRET MORES CITY-SI-3P TOTAL POPE THE NAME STRET MORES CITY-SI-3P TOTAL POPE THE NAME STRET MORES CITY-SI-3P THE NAME STRE | | | | | City | | | | FL | Zip Cod | e | |
| SIGNATURE Detail | | | | r the purpose of changing it | s register | ed office or | rogister | red agent, or bo | oth, in the State of | Florida. I am f | amiliar with, | and accept |
| FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS | SIGNATURE | | | | | | | | | | | |
| TITLE NAME A221 N. FLORIDA AVE. TOMPA, FL 33603 | FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8a | | | | | | | | | | | |
| NAME SIREET ADDRESS CITY-ST-IP TITLE NAME SIREET | 10. | | OFFICERS AND | DIRECTORS | 11. | | | ADDITIONS | CHANGES TO C | FFICERS AND | DIRECTOR | S IN 11 |
| STREET ADDRESS CITY-ST-2P TAMPA, FL 33603 ITILE NAME STREET ADDRESS CITY-ST-2P ITILE NAME STREET ADDRESS C | | | | ☐ Deleta | | | | | | | Chaude | Addition |
| ITILE Delete ITILE Delete ITILE | | | | | | _ | 813 | BE.C | helse | ast. | | |
| NAME STREET ADDRESS CITY-ST-2P INTLE NAME STREET ADDRESS CITY-ST-2P | CITY-ST-ZIP | TAMPA, | FL 33603 | | CITY | -ST-ZIP | _ \ | ampo | x FC 3 | 3603 | | |
| STRET ADDRESS CITY-ST-2P ITILE Deleta | | | | ☐ Delete | | | | • | • | | ☐ Change | ☐ Addition |
| MAME STREET ADDRESS CITY-ST-79 ITALE | STREET ADORESS | | | | STRE | ET ADORESS | | | | | | |
| STREET ADDRESS CITY-ST-ZP ITHE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME Delete Delete Delete NAME Delete Delete NAME Delete Delete NAME Delete Delete Delete Delete Delete NAME Delete | | | | ☐ Delete | | | | | | | Change | Addition |
| TITLE Delete TITLE NAME STREET ADDRESS DITY-ST-ZP TITLE Delete Delete TITLE Delete D | | | | | | - 1 | | | | | | |
| NAME SIRET ADDRESS CITY-ST-2P TITLE Delete TITLE SIRET ADDRESS CITY-ST-2P TITLE Delete TITLE SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P SIRET ADDRESS CITY-ST-2P 12. 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 cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all orbit like empowered. SIGNATURE: X AMALE SIRET ADDRESS CITY-ST-2P CITY-ST | CITY-ST-ZIP | | | | | | | | | | | |
| STREET ADDRESS CITY-ST- DP TITLE Delete TITLE MAME | | | | ☐ Delete | | | | | | | ∐ Change | ∐ Addition |
| NAME STREET ADDRESS CITY-S1-72P TITLE NAME STREET ADDRESS CITY-S1-72P TITLE NAME STREET ADDRESS CITY-S1-72P 12. 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 cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: X AMME STREET ADDRESS CITY-S1-72P CHAPTER CHAPTER CHAPTER CHAPTER Addition Addition CHAPTER | SIREET ADDRESS | | | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the examption 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 cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all orbit like empowered. SIGNATURE: X AMME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP LIVE-ST-ZP CITY-ST-ZP CITY-ST-Z | ì | | | ☐ Delete | 1 | | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-S1-2P 12. 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 cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: X AMUS (83) 294-1950 | l . | | | | | | | | | | | |
| STREET ADDRESS CITY-S1-ZP 12. 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 cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all or a like empowered. SIGNATURE: X AMUS (813) 294-1950 | | | · | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZP 12. 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 cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: X AMUS (83) 294-1950 | |] | | ☐ Delete | | | | | | | ∟ Change | L_I Addition |
| indicated on this report or supplemental report is true and accurate and their my signature shall have the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: X August 5 473-294-1950 | | [| | | | | | | | | | |
| SIGNATURE: X James & For 4-18-05 (83) 294-1950 | indicated | on this repo | ort or supplemental report is | true and accurate and that | my signa | ture shall h | ave the s | same legal effe | ct as if made und | er cath; that I a | m an officer | or director |
| | SIGNAT | URE: | x Selver | EKR. | | | | 4- | 28-05 | (813) | 294- | 1950 |

SIDNEY E ROSE