2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G05965

Entity Name: SOUND STAGE, INC.

FILED Apr 10, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6869 STAPOINT CT, SUITE 105 6869 STAPOINT CT. WINTER PARK, FL 32792

SUITE 105

WINTER PARK, FL 32792 US

Current Mailing Address: New Mailing Address:

6869 STAPOINT CT, SUITE 105 6869 STAPOINT CT.

WINTER PARK, FL 32792 SUITE 105 US

WINTER PARK, FL 32792 US

FEI Number: 59-2267846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLETCHER, WILLIAM R PRES 2125 AUTUMN VIEW DRIVE ORLANDO, FL 32825

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:

Name: Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

FLETCHER, DOREEN FLETCHER, DOREEN Name: Name: 2125 AUTUMN VIEW DRIVE 2125 AUTUMN VIEW DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

Title: PS Title: (X) Change () Addition () Delete FLETCHER, WILLIAM R Name: Name: FLETCHER, WILLIAM R

2125 AUTUMN VIEW DRIVE 2125 AUTUMN VIEW DRIVE Address: Address: ORLANDO, FL 32825 ORLANDO, FL 32825 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete VΡ

FLETCHER, RAY FLETCHER, RAY Name: Name: 2125 AUTUMN VIEW DRIVE 2125 AUTUMN VIEW DRIVE Address: Address:

City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

Title: VΡ () Delete Title: () Change () Addition

NEAL, CHESTER Name: 9227 LONGFELLOW PLACE Address: APOPKA, FL 32703 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. FLETCHER **PRES** 04/10/2008