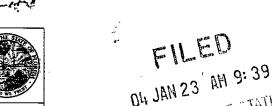
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT



| DOCUMENT # H48014  1. Entity Name FLORIDA FIRE AND SOUND, INC.  |  |   |   | FILED  OH JAN 23 AM 9: 39  OH JAN 23 AM 9: 37ATE A |  |   |  |  |
|---|--|---|---|--|--|---|--|--|
| Principal Place of Business 637 TRIUMPH COURT ORLANDO, FL 32805   |  | Mailing Address<br>637 TRIUMPH COURT<br>ORLANDO, FL 32805 |   |  | SECRETARSSEE, FLURION TALLAHASSEE, FLURION |   |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |  |  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                       |   | 01122004   | Chg-P                                      | CR2E034 (10/03  | J) ,                                   |  |
| City & State  |  | City & State  |   | 4. FEI Number 59-2521                              |  | <b>├</b>  | Applied For<br>Not Applicable          |  |
| Zip   | Country  | Zip   | Country   | 5. Certificate of                                  | of Status Desired                          | □ \$8.75 A<br>Fee Requi   |  |  |
| *   | 6. Name and Address of Current I   | Registered Agent  | Nome  | 7. Name and  | Address of New                             | Registered Agent  |  |  |
| O'ROURK   | Œ III, RICHARD J   |   | Name  | Name   |  |   |  |  |
| 1320 Car  |  |   | Street Address  |  | (P.O. Box Number is Not Acceptable)        |   |  |  |
| Longwood,   | , F1. 32750 -  |   |   |  |  |   |  |  |
|   |  |   | City  |  | <del>-</del> ·                             | FL Zip Co   |  |  |
| 8. The above<br>the obligation  |  |   |   |  | , in the State of F                        |   | n, and accept                          |  |
|   | Signature, typed or printed name of registered agent a                           | nd title if applicable. (NOTE:                            | Registered Agent signature requi  | red when reinstating)                              |  | DATE  |  |  |
| FIL<br>After M  | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0                          | 9. Election Campaig  Trust Fund Contri                    |   | 5.00 May Be<br>dded to Fees                        |  |   | ,                                      |  |
| 10.   |  |   |   |  |  |   |  |  |
| TITLE   | OFFICERS AND I   |   | 11.   | ADDITIONS/C  | HANGES TO OF                               | FICERS AND DIRECTO  | RS IN 11                               |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | OFFICERS AND I DPT O'ROURKE III, RICHARD J 1320 Carlton St. Longwood, Fl. 327500 |   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ADDITIONS/C  | HANGES TO OF                               | FICERS AND DIRECTO  |  |  |
| NAME<br>STREET ADDRESS  | DPT<br>O'ROURKE III, RICHARD J<br>1320 Carlton St.                               | DIRECTORS   | TITLE NAME STREET ADDRESS   | ADDITIONS/C  | HANGES TO OF                               |   | Addition                               |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | DPT<br>O'ROURKE III, RICHARD J<br>1320 Carlton St.                               | DIRECTORS  Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   |  |  | , Change  | Addition  Addition                     |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE - NAME STREET ADDRESS STREET ADDRESS  | DPT<br>O'ROURKE III, RICHARD J<br>1320 Carlton St.                               | DIRECTORS  Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS   |  |  | , Change  | Addition  Addition                     |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | DPT<br>O'ROURKE III, RICHARD J<br>1320 Carlton St.                               | DIRECTORS  Delete  Delete                                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  | Change  Change  Change  Change  1 2 5 1 2 5 1 2 5 1 1 5 5 1 5 5 1 5 5 5 1 5 5 5 5 | Addition  Addition  Addition  Addition |  |

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 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 10 or Block 11 if changed, or on an attachment with arrand session in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR