FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** POWER HOUSE SOUND COMPANY, INC. Mailing Address Principal Place of Business 770 NW 179TH ST 770 NW 179TH ST MIAMI FL 33169-4721 MIAMI FL 33169-4721 3a. Date of 11/1995 3. Date John Prograted or Qualified Applied For 2a. Mailing Address 65-0039216 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite Apt. #, etc. Fee Required 27 6. Election Campaign Financing \$5.00 May Be City & State Orty & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Country Ζip Country Yes No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) HAMPTON, LEN 82 770 NW 179 ST. 83 **MIAMI FL 33169** Zip Code 85 84 City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0506. Florida Statutes. DATE SIGNA? URE Note: Rejected Agent signature required when negational Signature, typical or product many out registered lagroid and time it opportable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition PTD DELETE TITLE HAMPTON, LEN 1.2 NAME NAME 770 NW 179TH ST 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP Addition CITY - ST- ZIP Change VSD: DELETE 2 1 TITLE THE ROBINSON, JONATHAN 2.2 NAME NAME 114 NW 8TH AVE 2.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 24 CITY - 57 - 7 F CITY - ST - ZIP Change Addition DELFTE 3 1 HITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - \$1-ZIP CITY - ST - ZIP nnn0018193**0**® DELETE 4 1 TiTLE TITLE -05/14/96--01003--023 4.2 NAME NAME ***280.80 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZiP CITY - ST - ZIP ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under carb, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or plan attachment with an address. 6.4 CITY - ST - ZIF CITY-ST-ZIP

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