

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90259 021 ***158.75

DOCUMENT # K34805

1. Entity Name
PARADISE SOUND & LIGHT, INC.

Principal Place of Business
4210 L.B. MCLEOD RD. SUITE 106
ORLANDO FL 32811

Mailing Address
4210 L.B. MCLEOD RD. SUITE 106
ORLANDO FL 32811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4380 36th Street
 Suite, Apt. #, etc.

3. Mailing Address
4380 36th Street
 Suite, Apt. #, etc.

City & State
Orlando, FL
 Zip
32811
 Country
ORANGE

City & State
Orlando FL
 Zip
32811
 Country
Orange

4. FEI Number **59-2916171**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EPSTEIN, LAWRENCE M
4210 L.B. MCCLEOD RD. SUITE 106
ORLANDO FL 32811

7. Name and Address of New Registered Agent
 Name: **EPSTEIN, LAWRENCE M.**
 Street Address (P.O. Box Number is Not Acceptable)
4380 36th Street
 City **Orlando** FL Zip Code **32811**

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: **4/11/2002**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPSTEIN, LAWRENCE M 4210 L.B. MCLEOD R. #106 ORLANDO FL 32811	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, SHEA 4210 L.B. MCLEOD R. #106 ORLANDO FL 32811	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4380 36th Street Orlando, FL 32811	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **4/11/2002** DAYTIME PHONE #: **407-649-7220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)