2004 LIMITED LIABÎLÎTY COMPANY ANNUAL REPORT

May 05, 2004 8:00 am Secretary of State **DOCUMENT # L02000011178** 05-05-2004 90008 039 ****50.00 INTERNATIONAL SOUND LLC Principal Place of Business Mailing Address 44046330 15630 SW 100TH LANE 15630 SW 100TH LANE MIAMI, FL 33196 MIAMI, FL 33196 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 03-0440988 Not Applicable Country Zip Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ICARDO MANDO KIAN MANOUKIAN, RICARDO B Street Address (P.O. Box Number is Not Acceptable) 8585 SW 72 ST., STE. 80 MIAMI, FL 33143 56305W 100 LN 8. The above named entity submits this states the obligations of registered agent. ent to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Change ☐ Addition TITLE Delete TITLE NAME S MANOUKIAN, RICARDO NAME 15630 SW 100TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MJAMI, FL 33166 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE Change ____ Addition MAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empeyered to execute this report as required by Chapter 608, Florida Statutes.

MNO MANAGING MEMIRER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #

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