
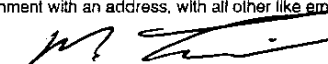


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90067 014 \*\*\*150.00

<b>DOCUMENT # L52102</b> 1. Entity Name *FOTO SOUND, INC.*					
Principal Place of Business <del>1670 COLLINS AVE</del> <del>MIAMI BEACH, FL 33139</del>			Mailing Address <del>1670 COLLINS AVE</del> <del>MIAMI BEACH, FL 33139</del>		
2. Principal Place of Business - No P.O. Box # 1657 Collins Ave Suite, Apt. #, etc.		3. Mailing Address 1657 Collins Ave Suite, Apt. #, etc.			
City & State Miami Beach FL Zip 33139		City & State Miami Beach FL Zip 33139		4. FEI Number 65-0177103 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01172008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent TARICH, MARK <del>1670 COLLINS AVE</del> <del>MIAMI BEACH, FL 33139</del>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1657 Collins Ave City Miami Beach FL Zip Code 33139		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARICH, MARK <del>1670 COLLINS AVE</del> <del>MIAMI BEACH, FL 33139</del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1657 Collins Ave Miami Beach FL 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TARICH, BENNY <del>1670 COLLINS AVE</del> <del>MIAMI BEACH, FL 33139</del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1657 Collins Ave Miami Beach FL 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.					
SIGNATURE: 			MARK TARICH 2/19/08 786-797 7760 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		