## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Mar 07, 2008 08:00 A Secretary of State DOCUMENT # L59577 MARK WEBER SOUND SPECIALIST, INC. Principal Place of Business Mailing Address 15410 SOUTHWEST 78TH CT. 15410 SOUTHWEST 78TH CT. MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0229132 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBER, MARK 15410 SW 78TH COURT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corn, in the State of Florida. I am familiar with, and accept SIGNATURE Sign sture, typed or printed material of regulatered agent and the Tampi cable (NOTE: Registirea Agant equatum required when rollmating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Derete THE Change Addition WEBER, MARK NAME NAME <u>U000000850764</u> STREET ADDRESS 15410 SW 78TH CT. STREET ADDRESS 03/25/08-80011-017 150.00 **MIAMI FL 33157** CITY - ST- ZIP CITY+ST-ZIP TITLE ☐ Derete Change TITLE modibbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De:ete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIE DILE TITLE ☐ Derete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME маыг STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIF TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

AME OF SIGNING OFFICER OR DIRECTOR