

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008584

1. Entity Name

SOUND DEVELOPMENT, L.C.

Principal Place of Business

Mailing Address ALABAMA

P.O. Box 1820 Phenix City 36868

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE
ALABAMA

2. Principal Place of Business

3. Mailing Address

PO Box 1820

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

PHENIX CITY, AL.

4. FEI Number

631-123-8794

Applied For

Not Applicable

Zip

Country

Zip

Country

36868

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

George Copelan
1214 US Hwy 98
Ft Walton Beach 32548

Name Fred Peak

NEW

Street Address (P.O. Box Number is Not Acceptable)

Pinnacle Port Unit A136-223223

WEST Hwy

City Panama City Beach

FL

Zip Code

32407

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

[Signature]

4/6/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME FRED D. PEAK
STREET ADDRESS 908 BROAD ST. PO Box 1820
CITY-ST-ZIP PHENIX CITY, AL. 36868

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (MEMBER)
NAME CHARLES CHRISTIAN
STREET ADDRESS 908 BROAD ST. PO Box 1820
CITY-ST-ZIP PHENIX CITY, AL. 36868

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (MEMBER)
NAME GEORGE COPELAN
STREET ADDRESS 908 BROAD ST. PO Box 1820
CITY-ST-ZIP PHENIX CITY, AL. 36868

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME KENNETH L. FINEBERG
STREET ADDRESS 908 BROAD STREET
CITY-ST-ZIP PHENIX CITY, AL. 36868

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STREET ADDRESS
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

4/6/01 448-7325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)