2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900002090 Feb 24, 2000 08:00 AM 1. Entity Name **Secretary of State** SOUND INVESTMENT GROUP, LLC Principal Place of Business Mailing Address 4606 W. RIVER BLVD. 4606 W. RIVER BLVD. PASCO PASCO WA 993013017 993013017 2. Principal Place of Business 3. Mailing Address P.O. BOX 4770 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PASCO WA 91-1878519 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 993024770 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARP C/O CUTHILL & EDDY Street Address (P.O. Box Number is Not Acceptable) 1031 W. MORSE BLVD., SUITE 200 WINTER PARK FL327893744 US Zip Code 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. 02/24/2000 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGR Delete ☐ Change ☐ Addition NAME KOSTER KEES \mathbf{C} STREET ADDRESS P.O. BOX 4770 STREET ADDRESS CITY-ST-ZIP **PASCO** WA 993024770 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED