
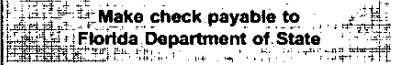
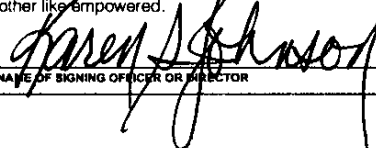


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90107 008 ****70.00

DOCUMENT # N01000008881 1. Entity Name SITE N SOUND, INC.					
Principal Place of Business 11681 54TH ST NO ROYAL PALM BCH, FL 33411			Mailing Address 11681 54TH ST NO ROYAL PALM BCH, FL 33411		
2. Principal Place of Business 11681 54th St. N. Suite, Apt. #, etc.			3. Mailing Address 11681 54th St. N. Suite, Apt. #, etc.		
City & State West Palm Bch., FL 33411 Zip 33411		City & State West Palm Bch., FL 33411 Zip 33411		4. FEI Number 59-3760344 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KAREN S 11681 54TH ST NO ROYAL PALM BCH, FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<div style="text-align: right;">  Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, KAREN S 11681 54TH ST NO ROYAL PALM BCH, FL 33411 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition West Palm Bch, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, JOHN A 701 NORTH PALM WAY LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V. Albert C. Mathers 2709 Mores Road West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, MICHAEL E 11681 54TH ST NO ROYAL PALM BCH, FL 33411 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition West Palm Bch., FL 33411
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 617, 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: Karen S. Johnson 				March 1, 2006 561-791-9897	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	