

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002484

1. Entity Name

SUPERNATURAL SOUNDS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90141 038 ****70.00

Principal Place of Business	Mailing Address
1008 CENTER AVE PANAMA CITY FL 32401	1008 CENTER AVE PANAMA CITY FL 32401-4527

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3492109	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KELLY, DARRELL D
 1008 CENTER AVE
 PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

City FL 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KELLY, DARRELL D	
STREET ADDRESS	1008 CENTER AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, JAMES M	
STREET ADDRESS	1008 CENTER AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLY, MAUDINE	
STREET ADDRESS	1008 CENTER AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRELL D. KELLY	
STREET ADDRESS	1008 Center Ave.	
CITY-ST-ZIP	PANAMA CITY, FL. 32401	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES M. KELLY	
STREET ADDRESS	1008 Center Ave	
CITY-ST-ZIP	PANAMA CITY, FL. 32401	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUDINE KELLY	
STREET ADDRESS	1008 Center Ave.	
CITY-ST-ZIP	PANAMA CITY, FL. 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: [Signature] DATE: 04/28/00 DAYTIME PHONE: 850-785-5811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)