

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90030 005 ***150.00

DOCUMENT # P00000013091 1. Entity Name UNFORGETTABLE SOUNDS & PERFORMANCE INC.					
Principal Place of Business 7746 WILES ROAD CORAL SPRINGS, FL 33067 US			Mailing Address 7746 WILES ROAD CORAL SPRINGS, FL 33067 US		
2. Principal Place of Business - No P.O. Box # 7716 Wiles Road		3. Mailing Address 7716 Wiles Road			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL		4. FEI Number 65-0985336	
Zip 33067		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GREEN, CHRIS T PRES 2565 RIVERSIDE DRIVE CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name GREEN, CHRIS 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 3-3-08 <small>(NOTE: Registered Agent signature required when remaining)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME GREEN, CHRIS		TITLE DPVPTS	NAME 	
STREET ADDRESS 2565 RIVERSIDE DRIVE		STREET ADDRESS			
CITY-ST-ZIP CORAL SPRINGS, FL 33065		CITY-ST-ZIP			
TITLE 		NAME 		STREET ADDRESS	
STREET ADDRESS 		CITY-ST-ZIP			
CITY-ST-ZIP 					
TITLE 		NAME 		STREET ADDRESS	
STREET ADDRESS 		CITY-ST-ZIP			
CITY-ST-ZIP 					
TITLE 		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 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 607, 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: 			DATE: 3-3-08		