2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # P00000075851 1. Entity Name 04-20-2004 90031 038 ***158.75 SOUNDLINK INC. Principal Place of Business Mailing Address 916 SANTA CRUZ RD COCOA BEACH FL 32931 916 SANTA CRUZ RD COCOA BEACH FL 32931 2. Principal Place of Busines 3. Mailino Address 3610 Ocean Ocean Beach Blod. 3610 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) <u> کمد</u> ۸ 203 A City & State Applied For City & State 4. FEI Number 65-1083611 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired us A 32931 us A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent Name HALEN, SUSAN A Street Address (P.O. Box Number is Not Acceptable) 916 SANTA CRUZ RD COCOA BEACH FL 32931 Zip_Code <u>32931</u> 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ** \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE TITLE ☐ Delete NAME HALEN, SUSAN A NAME 916 SANTA CRUZ RD STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Delete TITLE Addition NAME MAME = 0 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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-7IP TITLE ☐ Delete TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED