2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086747

Entity Name: SOUND ADVICE OF ARIZONA INC.

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 40 PEQUOT WAY CANTON, MA 02021 US **Current Mailing Address: New Mailing Address:** 40 PEQUOT WAY CANTON, MA 02021 US FEI Number: 65-1039276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BESHOURI, PETER, Name: Name: 301 EAST LAS OLAS Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33301 US City-St-Zip: Title: Р/Т Title: () Delete () Change () Addition Name: STONE, JEFFREY Name: 40 PEQUOT WAY Address: Address: City-St-Zip: CANTON, MA 02021 City-St-Zip: Title: Title: () Delete () Change () Addition MCGUIRE, JOSEPH Name: Name: 40 PEQUOT WAY Address: Address: City-St-Zip: CANTON, MA 02021 City-St-Zip: Title: () Delete Title: () Change () Addition DANIEL, AVERY Name: Name: Address: 400 ATLANTIC AVENUE Address: City-St-Zip: BOSTON, MA 02110 City-St-Zip: Title: Title: () Delete () Change () Addition BLOOMBERG, SAMUEL Name: Name: 40 PEQUOT WAY Address: Address: City-St-Zip: CANTON, MA 02021 City-St-Zip: Title: () Delete Title: () Change () Addition SAWITSKY, KITT Name: Name: 400 ATLANTIC AVENUE Address: Address: City-St-Zip: City-St-Zip: BOSTON, MA 02110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MCGUIRE VP 01/07/2004