FOR PROFIT CORPORATION

2002 8:00 am

UNIFORM BUSINESS REPORT (UBR)					May 13, 2002 0.00 an
DOCUMENT # P000000 92787				Secretary of State	
1. Entity Name				05-13-2002 90092 024 ***150.00	
Sugar Sounds, Inc.					
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DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3. Mailing Address 1130 11			Street	–	
Suite, Apt. #, etc. Suite, Apt. #, etc. # 7C					DO NOT WRITE IN THIS SPACE
mia	mi Beach, FL	Miami Be	ach. f	-L	4. FEI Number Applied For Not Applicable
331	139 Country SA	33139	Country		5. Certificate of Status Desired S8.75 Additional Fee Required
Name M					7. Name and Address of Current Registered Agent
				me	coli, Nicholas L.
DO NOT WRITE IN THIS SPACE			Street	Address (F	P.O. Box Number is Not Acceptable)
				#-	1C
	1,8		City		· Q · · · · L Zin Code - ·
8. The abov	re named entity submits this statement for	the purpose of changing its	registered office	Or registere	i Brach FL 339139
			registered office	orregistere	ed agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if populacible (MOTE)			
9 This pare	" " " " " " " " " " " " " " " " " " " 		: Registered Agent sign		when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State				10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS			
TITLE NAME	méoli, nicholas	Ĺ.	TITLE NAME	,	
STREET ADDRESS	1130 11 street #	76	STREET ADDRESS		
CITY-ST-ZIP	Miami Beach, FL	33139	CITY-ST-ZIP		·
TITLE NAME	meali Gennaco		TITLE NAME		
STREET ADDRESS	1130 11 street	#7C	STREET ADDRESS		*
CITY-ST-ZIP	miami Beach, Fl	- 33139	CITY-ST-ZIP		
NAME ~	,		TITLE NAME	٠.,	and the second s
STREET ADDRESS			STREET ADDRESS		DO NOT WOLTE
CITY-ST-ZIP		·	CITY-ST-ZIP		DO NOT WRITE
NAME	•		TITLE NAME		IN THIS SPACE
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP TITLE	·		CITY-ST-ZIP		
NAME	,		TITLE Name	ļ	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	,		CITY-ST-ZIP		
TITLE NAME			TITLE NAME		
STREET ADDRESS		1	STREET ADDRESS		1
CITY-ST-ZIP	ertify that the information supplied with th		CITY-ST-ZIP	<u> </u>	
· · · · · · · · · · · · · · · · · · ·	cruiv that the information supplied with thi	is tilling dood not qualify for the	والمنافقة فيستنسب		112

13 indicated on this report or 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 attachment with an address, with by other like empowered. hichoks L. meoli

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 25 02 305.531.1884

Daytime Phone #