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2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 19, 2002 8:00 am DOCUMENT # Secretary of State P00000110394 1. Entity Name 03-19-2002 90006 002 ***158.75 ACR SOUND ENTERTAINMENT, INC. Principal Place of Business Mailing Address 1515 COVERED BRIDGE RD. 1515 COVERED BRIDGE RD. DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3865142 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RANDOLPH, ANA Street Address (P.O. Box Number is Not Acceptable) 1515 COVERED BRIDGE RD. DELAND FL 32724 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE 16 \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Delete TITLE CR2E034 (9/01) NAME RANDOLPH, ANA C NAME STREET ADDRESS 1515 COVERED BRIDGE RD. STREET ADDRESS CITY-ST-ZIF DELAND FL 32724 CITY-ST-ZIP TITLE TD ☐ Delete NAME RANDOLPH, ANA NAME STREET ADDRESS 1515 COVERED BRIDGE RD. STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-7IP TITLE ☐ Delete TITI F **∠**Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 12 in changed, or on an attachment with an address, with all other like empowered.