## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P00000115613 CINEMA SOUND GROUP, INC. 04-02-2001 90279 008 \*\*\*158.75 Mailing Address Principal Place of Business 7212 GREENVILLE COURT 7212 GREENVILLE COURT ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3686951 Not Applicable Country \$8.75 Additional Zip Zip Country × 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nama FOGLIA ROBERT Street Address (P.O. Box Number is Not Acceptable) 7212 GREENVILLE COURT ORLANDO FL 32819 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, ☐ Addition CR2E034 (10/00) Change Delete TITLE NAME FOGLIA, JOSEPH A NAME STREET ADDRESS STREET ADDRESS 7212 GREENVILLE COURT CITY-ST-71P CITY-ST-ZIP ORLANDO FL 32819 ☐ Change Addition TITLE TITLE ☐ Celete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ \*Chángē ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Deleta TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete MLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 supplied nental 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 11 or Block 12 if changed, or on an attachmen th an address, with all other like empowered. 3/30/ SIGNATURE:

INTED NAME OF SIGNING OFFICER ON DIRECTOR

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