

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90150 006 ***150.00

DOCUMENT # P01000003928

1. Entity Name
SOUND VISION RECORDING & DISTRIBUTION, INC.



Principal Place of Business
2920 NW 7TH CT.
FT. LAUDERDALE FL 33311

Mailing Address
2920 NW 7TH CT.
FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1065794**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
- Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MOGBO, CHUCK A~~
~~2800 W. OAKLAND PARK BLVD., STE. 209~~
~~OAKLAND FL 33311~~

Name **Ivett L. Spence-Brown**

Street Address (P.O. Box Number is Not Acceptable)

2920 NW 7th

City **FT Lauderdale**

FL

Zip Code

33311

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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/05/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BROWN, HUSKIE**
STREET ADDRESS **2920 NW 7TH CT.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BROWN, IVETT SPENCE-**
STREET ADDRESS **2920 NW 7TH CT.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/03

954/381-7386

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

90131795

IASIAH ARTISTIC DESIGN

c/o Huskie Brown

4100 North Towerline Rd C1

Dierfield Beach FL 33064

05/5/03

P01000003928

Dear Sir/Madam

Please note the change of address. we travel a lot and my mother accepts our mail. ~~at~~

Unfortunately she is up there in age and it seems she is getting more and more forgetful.

I kept calling and asking her if she got any mail. her answer is always no. Today we came in and decided to search her hiding place and found a ton of mail to include our corporation paperwork.

Please correct the change of address as listed above.

Thank you
Jillie Brown