## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State **DOCUMENT #** P01000060920 1. Entity Name SOUND DESIGN GROUP, INC. 05-23-2002 90098 002 \*\*\*150.00 Principal Place of Business Mailing Address 1520 BOTTLEBRUSH DR NE. STE 2M 1520 BOTTLEBRUSH DR NE. STE 2M PALM BAY FL 32905 PALM BAY FL 32905 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt., #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country **\$8.75** Additional Country Zip Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **NEVINS. KRISTINA** Street Address (P.O. Box Number is Not Acceptable) 1520 BOTTLEBRUSH DR NE, STE 2M PALM BAY FL 32905 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) 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 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Delete TITLE TITLE N'EVINS, KRISTINA NAME **NEVINS, KRISTINA** NAME 1520 POTTLE BRUSH DRNE, STEZM STREET ADDRESS 1520 BOTTLEBRUSH DR NE, STE 2M STREET ADDRESS PALM BAY FL 32905 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 PITIDIC ☐ Delete TITLE TITLE . , WILLIAM NEVINS NAME 1520 BOTTLEBRUSH DRIVE NE STE ZM NAME 1 STREET ADDRESS STREET ADDRESS PALM BAY FL. 32905 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete NAME

.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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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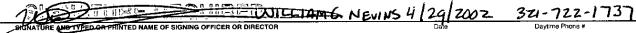
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