PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLEASE READ	ALL INSTRUCTIONS	BEFORE	COMPLETING THIS FORM.						
	RPORATION STATEMENT	FLORIDA DEPARTMEN Secretary of St DIVISION OF CORPOR	ate	03 SEP -2 AM 8:27 SECRETARY OF STATE FALLAHASSEE, FLORIDA						
1. Corpora	JMENT # P0100006 stion Name BINA & SONY DISTRIBU	•								
	ol Office Address WILES ROAD	3. Mailing Office Address 3573 WILES ROAD)	MENSTATEMENT or-03						
Suite, Apt. # 107 City & State	الواري والمساوية والمتعقب	Suite, Apt. #, etc 107 City & State COCONUT CREEK, FL.		4. Date Incorporated or Qualified To Do Business in Florida07/06/2001 5. FEI Number Applied For						
Zip 33073	Country U.S.A.	Zip Countr 33073 U.S	ry	65-1121825 Not Applicable 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status						
	T	7. Name and Address								
	Name MOHAMMAD ALI		300022701603 09/02/0301058007_**150_00							
•	Street Address (P.O. Box Number is N	ot Acceptable) 3573 WILES	300022701603 - 09/02/0301058008 **150 00							
!	107		an and transport of the Contract of the Contra							
	CITY COCONUT CREEK	<u> </u>	State Zip Code 33073							
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN										
Q Names			entions must list at los	onet 2 dispetare)						
Titles	Name of	Name of Officers and/or Director (Florida nonprofit corporations must list a Name of Officers and/or Directors Officer and/or Directors		ch City/ State / Zin						
P	MOHAMMAD ALI-	-3573.WILES	.ROAD_#_107_	COCONUT CREEK, FL. 33073						
this rein	nstatement application, the reason for diss	olution has been eliminated, the corp names of individuals listed on this for	orate name satisfies m do not qualify for a	provided for in chapter 607 or 617, F.S. I further certify that when filing set the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated ler oath.						
SIGNAT	SIGNATURE: 08/15/2003 954-684-0640									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										



FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan	MENT # P01000	0067985									
SABINA	A & SONY DISTRI	BUTION, INC									
	DO NOT WR	ITE IN THIS S	SPACE								
2. Principal Place of Business 3. Mailing Address 3573 WILES ROAD 3573 WILES ROAD			DAD								
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
107 107 City & State City & State			4. FEI Nun	4. FEI Number 05 4104005 Applied Fo							
COCONUT CREEK, FLORIDA		· · · · · · · · · · · · · · · · · · ·	COCONUT CREEK, FLORIDA		65-1121825	#0.75	Not Applicable				
33073	Country U.S.A.	33073	U.S.A.	5. Certifica	te of Status Desired	tatus Desired					
			Name Name	7. Name and OHAMMAD A	Address of Current Regi	stered Agent					
	DO NOT	WRITE		s (P.O. Box Number is Not Acceptable)							
	IN THIS	A 5 30 Late 7 The Server 120 1 25			·						
				/ILES ROAD,		FL Zip (Code				
8. The above	named entity Jubmits this state	ement for the purpose of changing		CONUT CREE			Code 173 ith, and accept				
	ions of registered agent.			- 0, 11- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-							
SIGNATURE MOHAMMAD ALI 08/15/2003 Signature: type obtained right-red agent and title it applicable. INDIE: Registered Agent signature required when reinstating: DATE											
	nuary 1 May 1 Fee is \$150 After May 1, Fee is \$550.00 Amended UBR is \$61.25; Payable to Florida Departs	.00	eric in gasavo i gali agrazio	9. E	lection Campaign Financin rust Fund Contribution.	9 _ \$	5.00 May Be				
10.	<u> </u>	RS AND DIRECTORS			Company of the second of the s						
TITLE NAME	P	•	NAME				19/00				
STREET ADDRESS CITY-ST-ZIP	MOHAMMAD ALI 3573 WILES RD,COO	CONUT CREEK,FL.3307	73 STREET ADDRESS								
TITLE NAME			JINLE THE STATE OF				CRZ				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS								
TITLE			TINE 3								
NAME · · · STREET ADDRESS			NAME.			الإيسادة أأخف					
CITY-ST-ZIP			CITY-ST-ZIP		O NOT W	RITE					
TITLE NAME		1	TITLE SECTION OF THE		NTHIS SP	ACE					
STREET ADDRESS			STREET ADDRESS								
TITLE			CITY ST. ZIP								
NAME			NAME 3								
STREET ADDRESS CITY-S1-ZIP			STREET ADDRESS								
TITLE NAME		The state of the s	TITLE 198		or of the second						
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP	Certify that the information consol	liard with this filling close per qualify.	for the exemption states	fin Section 119 07/	Dii) Florida Statuto Litera	er pertify that t	no information				
12. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all chaft the empowered.											
SIGNATURE: MAHAMMAD ALI, PRESIDEN 08/15/2003 954-684-0640											
	signa ture land ty	PRO OR PRINTED NAME OF SIGNING OFFIC	ER OR DIRECTOR		Date	Daytime Phon	e# '				

SABINA & SONY DISTRIBUTION INC. 3573 WILES ROAD, # 107 COCONUT CREEK, FL. 33073

Aug 15th 2003

Division of Corporations Annual Report / Reinstatement Section P.O Box 6327 Tallahassee, FL. 32314-6327

Re.: Doc.# P 01000067985

Sabina & Sony Distribution Inc. 2002 Application for Reinstatement 2003 Uniform Business Report

Dear Sir/ Madam,

As my mailing address has change I did not receive any documents from your end. Last year and this year I did not receive either 2002 or 2003 Uniform Business Reports. On the Internet, I came to know that my corporation is admin dissolved.

Enclosed please find two checks for \$ 150.00 each for the two years. As this was my first time, kindly please waive the penalty and late charges.

I sincerely apologize for any inconvenience caused to you in this matter and appreciate your consideration.

Thanking you,

Mohammad A

President