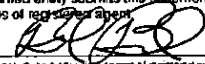
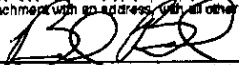


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91411 028 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071548																										
1. Entity Name SOUND IMAGE OF ORLANDO, INC.																										
Principal Place of Business 625 MAIN STREET, SUITE 20 WINDERMERE, FL 34786		Mailing Address 625 MAIN STREET, SUITE 20 WINDERMERE, FL 34786																								
2. Principal Place of Business 2813 S. Hiawassee Rd. Suite, Apt. #, etc. 303 City & State Orlando FL Zip 32835		3. Mailing Address 2813 S. Hiawassee Rd. Suite, Apt. #, etc. 303 City & State Orlando, FL Zip 32835 Country USA																								
4. FEI Number 59-3733508		Applied For ☐ Not Applicable																								
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent STILLMAN, L. VAN 1177 GEORGE BUSH BLVD., SUITE 308 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name: Brad Boshek Street Address (P.O. Box Number is Not Acceptable) 2813 S. Hiawassee Rd. Ste. 303 City Orlando FL Zip 32835																								
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  DATE 5/1/03 Signature, typed or printed name of registered agent and CEO if applicable. (NONE Registered Agent is signed and dated when in effecting)																										
		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																								
<table border="1"><tr><td>TITLE</td><td>PO</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>BOSHEK, BRAD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>625 MAIN STREET SUITE 20</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WINDERMERE, FL 34786</td><td></td></tr></table>		TITLE	PO	☐ Delete	NAME	BOSHEK, BRAD		STREET ADDRESS	625 MAIN STREET SUITE 20		CITY-ST-ZIP	WINDERMERE, FL 34786		<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PO	☐ Delete																								
NAME	BOSHEK, BRAD																									
STREET ADDRESS	625 MAIN STREET SUITE 20																									
CITY-ST-ZIP	WINDERMERE, FL 34786																									
TITLE		☐ Change ☐ Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		☐ Change ☐ Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		☐ Change ☐ Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		☐ Change ☐ Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1"><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
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: 		DATE 5/1/03 (407) 298-2514																								

20041272



CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)