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

20041272

1. Entity Name
SOUND IMAGE OF ORLANDO, INC.

Principal Place of Business	Mailing Address
625 MAIN STREET, SUITE 20 WINDERMERE, FL 34786	625 MAIN STREET, SUITE 20 WINDERMERE, FL 34786

2. Principal Place of Business	3. Mailing Address
2813 S. Hiawassee Rd.	2813 S. Hiawassee Rd.
Suite, Apt. #, etc. 303	Suite, Apt. #, etc. 303
City & State Orlando	City & State Orlando, FL
Zip FL / Country USA	Zip 32835 / Country USA

☑ CHECK HERE IF MAKING CHANGES

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 Code: 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 [signature] Date: 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOSHEK, BRAD	NAME	
STREET ADDRESS	625 MAIN STREET SUITE 20	STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL 34786	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 5/1/03 (407) 298-2514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)