


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000080260

1. Entity Name
VISIBLE SOUND, INC.



Principal Place of Business 10694 HUNTRIDGE RD. ORLANDO, FL 32825	Mailing Address 10694 HUNTRIDGE RD. ORLANDO, FL 32825
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2. Principal Place of Business 741 SCARBOROUGH HEIGHTS DRIVE	3. Mailing Address 741 SCARBOROUGH HEIGHTS DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 59-3739848	Applied For <input type="checkbox"/> Not Applicable
Zip 32828	Country USA	Zip 32828	Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEHMAN, PETER
 10694 HUNTRIDGE RD.
 ORLANDO, FL 32825

7. Name and Address of New Registered Agent

Name: **LEHMAN, PETER**
 Street Address (P.O. Box Number is Not Acceptable): **741 SCARBOROUGH HEIGHTS DRIVE**
 City: **ORLANDO** FL Zip Code: **32828**

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:  (NOTE: Registered Agent's signature required when resigning) DATE: _____

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	
TITLE PSTD	<input type="checkbox"/> Delete
NAME LEHMAN, PETER	
STREET ADDRESS 10694 HUNTRIDGE RD, 741 SCARBOROUGH HEIGHTS DRIVE	
CITY-ST-ZIP ORLANDO, FL 32825-32828	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEHMAN, PETER	
STREET ADDRESS 741 SCARBOROUGH HEIGHTS DRIVE	
CITY-ST-ZIP ORLANDO, FL 32828	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **4/30/03** 407-234-3027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)