

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90092 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003445 1. Entity Name M P S LIGHT & SOUND, INCORPORATED	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1305 POINSETTIA DR. STE. F-1 Suite, Apt. #, etc.		3. Mailing Address 605 HERON DRIVE Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33444	Country	Zip 33444	Country

4. FEI Number 60-0001480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DIDOMENICO, JOHN M	
Street Address (P.O. Box Number is Not Acceptable) 605 HERON DRIVE	
City DELRAY BEACH	Zip Code 33444

I, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIDOMENICO, JOHN M 605 HERON DRIVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M DIDOMENICO

4.29.06

Date

561-239-4634

Daytime Phone #