

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

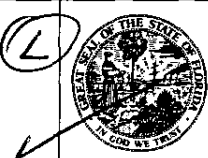
**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

06-11-2003 90063 013 \*\*\*150.00

DOCUMENT # **P02000020847**

1. Entity Name

**Phantom Sound Productions, Inc.**



**DO NOT WRITE IN THIS SPACE**

**90139238**

2. Principal Place of Business

**2917 E. 20th Ave.**

3. Mailing Address

**P.O. Box 76151**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Apt. B**

City & State

City & State

**Tampa, FL**

**Tampa, FL**

4. FEI Number

**72-1521544**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33605**

**USA**

**33675-1151**

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Byron Lavender**

Street Address (P.O. Box Number is Not Acceptable)

**2917 E. 20th Ave Apt. B**

City

**Tampa**

**FL**

Zip Code

**33605**

**DO NOT WRITE  
IN THIS SPACE**

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

**Byron Lavender CEO, president**

(NOTE: Registered Agent signature required when reinstating)

**5/25/03**

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 **President**  
NAME **Byron Lavender**  
STREET ADDRESS **2917 E. 20th Ave Apt. B**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Alma Lavender - Secretary**  
NAME **Alma Lavender - Secretary**  
STREET ADDRESS **2255 Lockwood Meadows**  
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Jerrard Lavender, II Treasurer**  
NAME **Jerrard Lavender, II**  
STREET ADDRESS **1910 5th St.**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE  
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IN THIS SPACE**

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

**Byron Lavender president**

Date

**5/25/03**

Daytime Phone #

**(813) 789-5196**

CR2E034B (12/02)

Attachment  
To whom it may concern, 90139238  
PO2000020847

I moved in January of 2003 in which my address changed. I notified in writing the division of corporations stating my new address. When ~~May~~ the month of May arrived I became worried because I hadn't received my annual uniform business report so I contacted the Division of Corporations and I talked to cfogartie toward the end of the month. I just recieved the form and she told me to write this letter to state what happened. I am sending the annual payment and the report.

Thank You,  
Byron Lavender - president  
Phantom Sound  
Productions Inc.

72-1521544