

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91165 027 \*\*\*150.00

**DOCUMENT # P02000041823**

1. Entity Name  
**PLATINUM SOUND PUBLISHING, INC.**



Principal Place of Business  
2395 W. CHURCH ST.  
ORLANDO, FL 32805

Mailing Address  
2395 W. CHURCH ST.  
ORLANDO, FL 32805

2. Principal Place of Business

**4185 W. LAKE MARY BLVD**

Suite, Apt. #, etc.

**#158**

City & State

**LAKE MARY, FLA**

Zip

**32746**

Country

**U.S.A**

3. Mailing Address

**4185 W. LAKE MARY BLVD**

Suite, Apt. #, etc.

**#158**

City & State

**LAKE MARY, FLA**

Zip

**32746**

Country

**U.S.A**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**01-0780426**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**REID-JAMES, ROXANNE**  
**4185 W. LAKE MARY BLVD.**  
**#158**  
**LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

Name

**OLIVER JAMES**

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

**4185 W. LAKE MARY BLVD**

**#158**

City

**LAKE MARY**

FL

Zip Code

**32746**

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]*

**OLIVER JAMES**

**5-1-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVER JAMES</b>	
STREET ADDRESS	<b>4185 W. LAKE MARY BLVD #158</b>	
CITY-ST-ZIP	<b>LAKE MARY FLA 32746</b>	
TITLE	<b>Sr Vice President V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LLOYD W. JAMES</b>	
STREET ADDRESS	<b>3340 HYDER AVE</b>	
CITY-ST-ZIP	<b>DELTONA FLA 32738</b>	
TITLE	<b>Vice President V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGARET JAMES</b>	
STREET ADDRESS	<b>3340 HYDER AVE</b>	
CITY-ST-ZIP	<b>DELTONA FLA 32738</b>	
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:

*[Signature]*

**OLIVER JAMES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-03**

Date

**407-417-1562**

Daytime Phone #

CR2E034 (10/02)