2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

DOCUMENT #



P02000048123

ECO-SOUND ENTERPRISES, INC. Principal Place of Business Mailing Address 14909 HORSESHOE TRACE 14909 HORSESHOE TRACE WEST PALM BEACH FL 33414-4053 WEST PALM BEACH FL 33414-4053 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not-Applicable-Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICE, DIANE Street Address (P.O. Box Number is Not Acceptable) 14909 HORSESHOE TRACE WEST PALM BEACH FL 33414-4053 City Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President/CEO ☐ Delete TITLE Change Addition NAME NAME Diane Rice STREET ADDRESS STREET ADDRESS 14909 Horseshoe Trace CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33414 TITLE ☐ Delete TITLE Secretary/Treasurer Change NAME NAME Philip P. Macnak STREET ADDRESS STREET ADDRESS -1:4909 Horseshoe Trace --CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33414 ☐ Delete TITLE TITLE Addition Change Director NAME NAME Gregg Rasor STREET ADDRESS STREET ADDRESS 6658 Eastview Drive CITY-ST-7/P CITY-ST-ZIP Lantana, FL 33462 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

Diane Rice

(561) 798-6548

FILED

04-25-2003 90290 025 ***150.00

Apr 25, 2003 8:00 am Secretary of State

Daytime Phone #

Date