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May 06, 2003 8:00 am
Secretary of State
05-06-2003 90045 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000058333

1. Entity Name
SIGHT & SOUND SOLUTIONS INC.

Principal Place of Business	Mailing Address
4808 NORTH STATE ROAD 7 107 COCONUT CREEK, FL 33073	4808 NORTH STATE ROAD 7 107 COCONUT CREEK, FL 33073

2. Principal Place of Business		3. Mailing Address	
4856 North STATE Rd 7		4856 North STATE Rd 7	
Suite, Apt. #, etc. 304		Suite, Apt. #, etc. 304	
City & State Coconut Creek		City & State Coconut Creek	
Zip 33073	Country BROWARD	Zip 33073	Country BROWARD

[ ] CHECK HERE IF MAKING CHANGES

4. FEI Number [x] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIROOKA, ED MICHAEL
4808 NORTH STATE ROAD 7
107
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 4856 North STATE Road 7
304
City Coconut Creek FL Zip Code 33073

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

[redacted]

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HIROAKA, ED MICHAEL 4856 North STATE RD 7 #304 COCONUT CREEK, FL, 33073	[ ] Change [x] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Rodriquez, Patrick 4856 North STATE Rd 7 # 304 Coconut Creek FL 33073	[ ] Change [x] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: X Patrick Rodriguez 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)