2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90021 047 ***150.00

DOCUMENT # P02000067481

1. Entity Name
MILLENNIUM SIGHT & SOUND, INC.

00031654

Principal Place of Business	Mailing Address
~~10604~~ US HWY 441 A-7 LEESBURG, FL 34788	10601 US HWY 441 A-7 LEESBURG, FL 34788

2. Principal Place of Business	3. Mailing Address
10601 US HWY 441	
Suite, Apt. #, etc.: A7	Suite, Apt. #, etc.
City & State: LEESBURG	City & State
Zip: 34788 Country: USA	Zip Country

02112005 Chg-P CR2E034 (10/03)

4. FEI Number: 03-0461183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCLEOD, MICHAEL A ~~13602 PALM DRIVE~~ ASTATULA, FL 34705	Name: Michael A. McLeod Street Address (P.O. Box Number is Not Acceptable): 13240 KANSAS AVE City: ASTATULA FL Zip Code: 34705

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	P MCLEOD, MICHAEL ~~13602 PALM DRIVE~~ ASTATULA, FL ~~34788~~ 34705 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(ADDRESS CORRECTION) ☒ Change ☐ Addition 13240 KANSAS AVE ASTATULA FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V~~P~~ MITCHELL, WILLIAM ~~10 BAHIA CT PLACE~~ ~~OCALA~~, FL ~~34472~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(ADDRESS CORRECTION) ☐ Change ☐ Addition 6820 SE 105 Street BELLEVIEW FL 34420
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(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] 3/24/05 352-365-6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #