2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90021 047 ***150.00

00031654

DOCUMENT # P02000067481

1. Entity Name
MILLENNIUM SIGHT & SOUND, INC.

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, 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, 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	P ☐ Delete	TITLE	(ADDRESS CORRECTION) ☒ Change ☐ Addition
NAME	MCLEOD, MICHAEL	NAME	
STREET ADDRESS	~~13602 PALM DRIVE~~	STREET ADDRESS	13240 KANSAS AVE
CITY-ST-ZIP	ASTATULA, FL ~~34788~~ 34705	CITY-ST-ZIP	ASTATULA FL 34705
TITLE	VP ☐ Delete	TITLE	(ADDRESS CORRECTION) ☐ Change ☐ Addition
NAME	MITCHELL, WILLIAM	NAME	
STREET ADDRESS	~~10 BAHIA CT PLACE~~	STREET ADDRESS	6820 SE 105 Street
CITY-ST-ZIP	~~OCALA~~, FL ~~34472~~	CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 3/24/05 352-365-6975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #