2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachi

SIGNATURE:

FILED Feb 22, 2007 08:00 AM DOCUMENT # P02000081531 Secretary of State 1. Entity Name CHOSEN SOUND & LIGHTING, INC. Principal Place of Business Mailing Address 1335 BENNETT DR., #169 1335 BENNETT DR., #169 LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, atc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 32-0024364 Not Applicable Ζιρ Zıp 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 HARDTKE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1335 BENNETT DR., #169 LONGWOOD FL 32750 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 DATE Signature, typod or printed name of registered agent and title i applicable (NOTE: Registated Agont signature required when reinstriling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILL HILL Change Addition ☐ Delete HARDTKE, ROBERT NAME NAME U00000644216 03/02/07-80033-019.150.00 1335 BENNETT DRIVE #169 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY - ST- ZIP CITY-S1-ZIP HILE Dclete BRI Change Addition NAME STREET ADDRESS SHILL ADDRESS CITY - ST-7IP CITY-SI-7/P 11111 ☐ Delete IIII □ Change Addition NAMI STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY-SI-ZIP Change ☐ Delete HILL Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete 11111 Change Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-7/P Delete IJШ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP 12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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

CER OR DIRECTOR

9/07 407 830 8 ZOO