

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90275 049 ***158.75

DOCUMENT # P02000106492

1. Entity Name
JUMPIN SOUNDS, INC.



Principal Place of Business
3550 BISCAYNE BOULEVARD
SUITE 406
MIAMI FL 33137

Mailing Address
3550 BISCAYNE BOULEVARD
SUITE 406
MIAMI FL 33137

2. Principal Place of Business

3550 Biscayne Blvd
Suite, Apt. #, etc.
201

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI Beach, FL

Zip
33137

Country
USA

City & State

Zip

Country

4. FEI Number
06-1650829

5. Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

FREEMAN, FRANK
666 NORTHEAST 125TH STREET
SUITE 238
MIAMI FL 33161

M. Fredericks
3550 Biscayne Blvd
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name **Matthew Fredericks**
Street Address (P.O. Box Number is Not Acceptable) **3550 Biscayne Blvd**
201
MIAMI, FL 33137

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 **Matthew Fredericks C.E.O.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/21/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PSD C.E.O.** ☐ **Delete**
NAME **FREDERICKS, MATTHEW**
STREET ADDRESS **3550 BISCAYNE BOULEVARD, SUITE 406**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: **Matthew Fredericks**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/21/03** **305**
DAYTIME PHONE # **7532801**

CR2E034 (10/02)