2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2006 08:00 AN DOCUMENT # P03000023486 1. Entity Name **Secretary of State** ICON SOUND & MUSIC INC Principal Place of Business Mailing Address C/O BUDNER 17682 SEALAKES DRIVE C/O BUDNER 17682 SEALAKES DRIVE BOCA RATON, FL 33498 BOCA RATON, FL 33498 01072006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1459479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUDNER, MORDECAL DO NOT WRITE 17682 SEALAKES DRIVE BOCA RATON, FL 33498 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 THILE MORALES, STEVE NAME STREET ADDRESS C/O BUDNER 17682 SEALAKES DRIVE CITY-ST-ZIP BOCA RATON, FL 33498 MILE U00000476748 04/06/06-80023-022 150.00 NAME STREET ADDRESS CUTY-ST-78P TIRE NAME STREET ADDRESS DO NOT WRITE COTY - ST-ZIE IN THIS SPACE Title NAME STREET ADDRESS CATY - ST - ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP THLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 oath; that I am an officer or director of the corporation or the receiver or trustee employered 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:

NAME STREET ADDRESS CITY: ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date