2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # P03000035757 1. Entity Name O'DOUGH SOUND PRODUCTIONS, INC.							~	04-15-		_	4 ***150.0	00	
Principal Plac	e of Busines	s	Mailing Address	Mailing Address									
5213 W. COLONIAL DR. ORLANDO, FL 32808 US				5213 W. COLONIAL DR. ORLANDO, FL 32808 US									
2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			03152005	Chg-	P	CR2E	034 (10/03)		
City & State			City & State	City & State			4. FEI Numb 43-200					plied For t Applicable	
Zip	Country		Zip	Zip Couni		5. Certificate of Status Desired S8.75 Addit							
	6. Name	and Address of Curr	ent Registered Agent				7. Name and	Address	of New R	egistered	Agent .		
HAMLIN, H 600 W. OA ORLANDO		.•		ddress (F	P.O. Box Numb	er is Not A	ert cceptable						
					City	06 Cla	<u>COPP</u>	ertu	214_	<u>の</u> FL	URT Zig,Cod	205	
8. The above named eatity 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 Suralure, ripod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature recruired when reinstailing) DATE													
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees													
10.		OFFICERS A	ND DIRECTORS	11.			ADDITIONS	/CHANGE	TO OFF	ICERS ANI	DIRECTORS	S IN 11	
TITLE	P Delete			TITL					_		Change	☐ Addition	
NAME STREET ADDRESS	1	AKRIDGE DR		NAME Street address			7836 Copperfield Court Orlando, PL 32825						
CITY-ST-ZIP	ORLAND	O, FL 32809		CITY-S			Orlando, PL 32825						
TITLE			☐ Delete		VP			1 1			☐ Change	Addition	
NAME STREET ADDRESS				NAM STRE			Ollie J. Hamlin, Court 7836 Copperfield Court Orlando, FC 32825						
CITY-ST-ZIP					-ST-ZIP	7/8	so copp riando	O, FL	326	335	-		
IIITE	-		Delete	TITU		,	· - -	· ·	-		Change	Addition	
NAME Street Address			•	NAM	E Et address								
CITY-ST-ZIP		•			-ST-ZiP								
TITLE			☐ Delcte	TITL	Ξ						☐ Change	Addition	
NAME STREET ADDRESS				NAM	E Et adoress								
CITY+ST-ZIP					-\$1-ZiP								
TITLE			☐ Delete	TITL	E						☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM									
CITY-ST-ZIP			~~ ~.		ET ADDRESS -ST-ZIP								
TITLE		-,-	☐ Delete	TITLI	:						☐ Change	Addition	
NAME	 .			NAM								_	
STREET ADDRESS CITY+ST-ZIP] .		-		et address -st-zip								
12. I hereby of indicated of the core	certify that the on this repo poration or t	e information supplied rt or supplemental repr ne receiver or trustee	with this filling does not qualify for it is true and accurate and that impowered to execute this repo	-		ed in Sec eve the s pter 607	ction 119.07(3) same legal effect. Florida Statute	(i), Florida : ot as if mades; and the	Statutes, I le under d	further ce path; that I	rtify that the in am an officer in Block 10 or	of director	
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 trusted 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.													
SIGNAT	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/15/65 (407) 445-983 / Date Davidne Phone *												