


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P03000130526 1. Entity Name ALL SPORTS AUDIO & PERFORMANCE, INC. | |  |
| Principal Place of Business 4529 DEL PRADO BLVD. UNIT A. CAPE CORAL, FL 33904 | Mailing Address 4529 DEL PRADO BLVD. UNIT A. CAPE CORAL, FL 33904 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent COSTA, ADRAIN C 119 SE 46 ST CAPE CORAL, FL 33904 | | DO NOT WRITE 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: _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P COSTA, ADRAIN C 119 SE 46 ST CAPE CORAL, FL 33904 | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Adrian Costa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>4-20-05</u> <small>Date</small> <small>Daytime Phone #</small> |



04142005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 20-0706583 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

U00000327223
04/25/05-80029-001 150.00

**DO NOT WRITE
IN THIS SPACE**