

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90056 044 ***150.00

DOCUMENT # P06000029775 1. Entity Name SOUNDWORTHY ENTERTAINMENT CORP.					
Principal Place of Business 14700 BOOKER T. WASHINGTON BLVD. 112 MIAMI, FL 33176 US			Mailing Address 14700 BOOKER T. WASHINGTON BLVD. 112 MIAMI, FL 33176 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 971997			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami, FL		4. FEI Number 84-1703167	
Zip	Country	Zip 33197	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LHERISSON, RONALD 14700 BOOKER T. WASHINGTON BLVD. 112 MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LHERISSON, RONALD 14700 BOOKER T. WASHINGTON BLVD. #112 MIAMI, FL 33176 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOMSETH, KAEGAN 14700 BOOKER T. WASHINGTON BLVD. #112 MIAMI, FL 33176 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/14/07 (786) 290-3476 <small>Date Daytime Phone #</small>		