

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90039 022 ***150.00

DOCUMENT # P06000145047 1. Entity Name XI SOUNDS INC																					
Principal Place of Business 5912 W. SITKA AVE. TAMPA, FL 33634		Mailing Address P.O. BOX 31352 RALEIGH, NC 27622																			
2. Principal Place of Business - No P.O. Box # 14535 BRUCE B. DOWNS BLVD Suite, Apt. #, etc. APT. 732 City & State TAMPA, FL Zip 33613 Country US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																			
4. FEI Number 02-0791175		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04042008 Chg-P CR2E034 (12/06)																			
6. Name and Address of Current Registered Agent JOHN, DONALD 5912 W SITKA AVE TAMPA, FL 33634		7. Name and Address of New Registered Agent Name JOHN, DONALD Street Address (P.O. Box Number is Not Acceptable) 14535 BRUCE B. DOWNS BLVD APT. 732 City TAMPA FL Zip Code 33613																			
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 D. YOHN DATE 4/4/8 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
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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: D. YOHN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/4/8 DAYTIME PHONE # 813-919-6339																			