


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

2/7.

02-07-2003 90085 040 ***150.00

DOCUMENT # P93000050142			
1. Entity Name SOUND IMPRESSIONS, INC.			
Principal Place of Business 7907 WELLSMERE CIRCLE ORLANDO FL 32835		Mailing Address 7907 WELLSMERE CIRCLE ORLANDO FL 32835	
2. Principal Place of Business		3. Mailing Address 1872 Hathaway Pt Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St Albans, Vt	
Zip	Country	Zip	Country
		05478	Franklin
4. FEI Number 59-3194714		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROUILLARD, GAIL E 7907 WELLSMERE CIRCLE ORLANDO FL 32835		Name Gail Rouillard Street Address, P.O. Box Number, Not Acceptable 1205 Boreas Dr City Orlando FL Zip Code 32835	
8. The above named entity submits this statement for the purpose of registering a new office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Gail E. Rouillard DATE 2/15/03 <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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROUILLARD, GAIL E 7907 WELLSMERE CIRCLE ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 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: Gail E. Rouillard		Date 2/15/03 Daytime Phone # (407) 625-2165	

CR2E034 (10/02)