FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED APPROVED AND FILED
[illegible] 07, 2003 [illegible]
Secretary of State

03 MAY [illegible] AM 7:57
04-07-2003 90137 016 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90073284

DOCUMENT #
1. Entity Name
P94000013C16
RED SOUND INDUSTRIES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3108 NW 72nd AVENUE	3108 NW 72nd AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA 33122	City & State: MIAMI, FLORIDA 33122
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650469734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ALAN RAZLA, PA

Street Address (P.O. Box Number is Not Acceptable): 3218 Stirling Road

City: Hollywood FL Zip Code: 33021

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 ________________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAN ORAN
STREET ADDRESS	7311 NW 17TH CT
CITY-ST-ZIP	Hollywood, Fl 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ________________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #