2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 29, 2000 8:00 am DOCUMENT # P94000050591 **Secretary of State** THE SOUND LAB, INC. 02-29-2000 90109 030 ***150.00 Principal Place of Business Mailing Address 1208 NW-51ST WAY 1208 NW 51ST WAY DEERFIELD BCH FL 33442-0919 DEERFIELD BCH FL 33442 OIMOLI US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0501252 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EVERETT, BRUCE Street Address (P.O. Box Number is Not Acceptable) 1208 NW 51ST WAY DEERFIELD BCH FL 33442 Zip Code FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE EVERETT, BRUCE NAME 1208 NW 51ST WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE **EVERETT, LONNA** NAME NAME 1208 NW 51ST WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP Change Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE

13. I hereby certify that the information supplied with this filing goes 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 11 or Block 12 if changed, or on an attachment and address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY~ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2.15.2000 (94) 428-018

☐ Addition

☐ Change