

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996-17-90 B 7322-C

DOCUMENT # P94000060287 (7)

1. Corporation Name

SONIC BOOM, INC.



Principal Place of Business

Mailing Address

233 MITCHELL STREET
SUITE 200
ATLANTA GA 30303
US

233 MITCHELL STREET
SUITE 200
ATLANTA GA 30303
US

2. Principal Place of Business

21 2704 COVE CIRCLE

Suite, Apt. #, etc.

22 City & State

23 ATLANTA, GA

Zip Country

24 30319

25 US

2a. Mailing Address

26 2704 COVE CIRCLE

Suite, Apt. #, etc.

27 City & State

28 ATLANTA, GA

Zip Country

29 30319

30 US

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0525767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ROCHE, ASHLING
ONE EAST BROWARD BLVD.
SUITE 620
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name ROCHE, ASHLING

82 Street Address (P.O. Box Number is Not Acceptable)

SOUTH HARBOR PLAZA

83 1300 SE 17th ST. CAUSEWAY, SUITE 217

84 City FORT LAUDERDALE

FL

85 Zip Code 33316

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SERGIO MARTINEZ
STREET ADDRESS 12000 BISCAYNE BLVD., #313
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P
12 NAME SERGIO MARTINEZ
13 STREET ADDRESS 160 CENTRAL PARK SOUTH, #3011
14 CITY-ST-ZIP NEW YORK, NY 10019

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SERGIO MARTINEZ

7/6/96

(917)922-7749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Name

CR2E034 (3/96)