FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with

SIGNATURE:

in address, with all other

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P95000004458 1. Entity Name 04-02-2002 90875 043 ***150.00 SOUTHERN SOUND EQUIPMENT, INC. Principal Place of Business Mailing Address 12150 RACE TRACK ROAD 12150 RACE TRACK ROAD TAMPA FL 33626 **TAMPA FL 33626** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3292044 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, MARK A Street Address (P.O. Box Number is Not Acceptable) 10710 SIERRA VISTA PL TAMPA FL 33626 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/07 Change ☐ Addition TITLE Delete TITLE NAME TYMCHUK, MİCHAEL NAME CR2E034 STREET ADDRESS 1415 HILTON PL STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME LEWIS, MARK A NAME STREET ADDRESS STREET ADDRESS 10710 SIERRA VISTA PL CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33626 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the Information supplied with this filling 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 11 or Block 12 if