2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9500014683 1. Entity Name SOUNDS GREAT PRODUCTIONS, INC.				Secretary of State 02-07-2001 90152 013 ***150.00			
Principal Place of Business 699 N.W. 15TH AVE. BOCA RATON FL 33433		Mailing Address 699 N.W. 15TH AVE. BOCA RATON FL 33433					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT	WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-056	Ю ЭUU ⊢——	Applied For	
Zip Country		Zip	Country	5. Certificate of Status Des	\$9.75 A		
	6. Name and Address of Current Re	gistered Agent	Nama	7. Name and Address of h			
GUTTA, FRANK			Name Street Address				
	NW 82 AVE # 506 E 620		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33301			City		FL Zip Coo	de	
8. The above	named entity submits this statement for the	ne purpose of changing its	registered office or regis	stered agent, or both, in the State			
SIGNATURE .	·					ł	
	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registered Agent signature requ	pired when reinstating)	DATE		
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St		I MUSECUNG COM	· · · · · · · · · · · · · · · · · · ·	00 May Be ed to Fees	
11.	1. OFFICERS AND DIRECTORS		12.	<u></u>	OFFICERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUERTIN, ROBERT D 699 NW 15 AVE BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS _CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
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indicated of the cor	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address with	ue and accurate and that report	ny signature shall have th as required by Chapter 6	ie same legal effect as if made ui	nder oath; that I am an office	r or director	