(9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State P95000028040 **DOCUMENT #** 1. Entity Name 04-03-2002 90493 036 ***150 00 SOUNDVISION SYSTEMS INC. Principal Place of Business Mailing Address 3660 NW 126TH AVENUE 3660 NW 126TH AVENUE SUITE 8 SUITE 8 POMPANO-BEACH FL 33065-2457 POMPANO-BEACH FL 33065-2457 US CORAL SPRINGS CORAL SPRINGS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0580044 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, RONALD D Street Address (P.O. Box Number is Not Acceptable) 9833 N W 19TH ST **CORAL SPRINGS FL 33071** Zip Code 8. The above named entity submits this statement for the purpose of changing its register offic r registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ADAMS, RONALD D NAME NAME 9833 NW 19TH ST STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071-5816 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ...Delete.... Change _ . Addition 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 Delete ☐ Change ☐ Addition 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 13. I hereby certify that the information supplied Jualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental of the corporation or the receiver or trust rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

INTED NAME OF SIGNING OFFICER OR DIRECTOR