

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90694 020 \*\*\*150.00

**DOCUMENT # P95000028040**

1. Entity Name  
**SOUNDVISION SYSTEMS INC.**



Principal Place of Business  
**3660 NW 126TH AVENUE  
SUITE 8  
CORAL SPRINGS FL 33065-2457  
US**

Mailing Address  
**3660 NW 126TH AVENUE  
SUITE 8  
CORAL SPRINGS FL 33065-2457  
US**



2. Principal Place of Business  
**2141 UNIVERSITY DR.  
SUITE, Apt. #, etc.  
PMB 173**

3. Mailing Address  
**2141 UNIVERSITY DR.  
SUITE, Apt. #, etc.  
PMB 173**

City & State  
**CORAL SPRINGS FL**  
City & State  
**CORAL SPRINGS FL**  
Zip  
**33071** Country  
**USA** Zip  
**33071** Country  
**USA**

4. FEI Number **65-0580044**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADAMS, RONALD D  
9833 N W 19TH ST  
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

**RONALD D. ADAMS, PRESIDENT - 03-11-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ADAMS, RONALD D 9833 NW 19TH ST CORAL SPRINGS FL 33071-5816</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RONALD D. ADAMS, PRESIDENT - 03-11-03** 954.752.3188

Date

Daytime Phone #

CR2E034 (10/02)