## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 04, 2007 08:00 A Secretary of State **DOCUMENT # P95000043616** 1. Entity Name SONIC RECORDING, INC. Principal Place of Business Mailing Address 1059 NE 7TH ST 1059 NE 7TH ST CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 04022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0214090 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, HAROLD A DO NOT WRITE 1059 NE 7TH ST CAPE CORAL, FL 33909 IN THIS SPACE 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, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000689285 04/11/07-80029-005 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DAVIS, HAROLD A 1059 NE 7TH ST STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33909 TITLE NAME STREET ADDRESS CITY-ST-ZIP TRILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-74P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

TITI F NAME STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR