. 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P95000081998 Jul 28, 2000 8:00 am 1. Entity Name **Secrétary of State** SOUND MOVES, INC. 07-28-2000 90144 037 ***550.00 Mailing Address Principal Place of Business POST OFFICE BOX 3318 7800 NW 25TH ST KEY LARGO FL 33037 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0615604 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMES: TIMOTHY N ---Street Address (P.O. Box Number is Not Acceptable) 99198 OVERSEAS HIGHWAY STE 8 KEY LARGO FL 33037 City Zip Code 8. The above named entit submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE WOOD, DUANE R NAME NAME 1504 SHAW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZiP Change ☐ Addition ☐ Delete TITLE TITLE Wayde Daniel NAME NAME 114 Erie Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Atlantic Beach, NY 11509 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP -☐ Change □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.