FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000031188 (1)

NUE SOUND PRODUCTION INC.

Principal Place of Business New address PO BOX 621581 5447 5. Semeral & OVIEDO FL 32785 Orlando FL 32822				3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5449 S. Semoran Blue	2 <u>5449 S. Se</u>	moran Blud). 59- <u>33</u> 7947	
Suite, Apt #, etc. 22 Ste. 220	Suite. Apt. #, etc. 270	·	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 OrlANDO, FL Country	28 Orlando,	Country	Trust Fund Contribution	L. Added to Fees
24 32822 25 USA	29 32822 30	1	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
9. Name and Address of Currer			10. Name and Address of New Re	
RICKARD, KEVIN P		81 Name		
2843 CORAL REEF DR. ORLANDO FL 32826		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
		L I		······································
		83		
		84 City	**************************************	FL 85 Zip Code
L	ent and title if applicable. (NOTE Re ID DIRECTORS	orized by the corpora a Statutes. place of Agent signature required.		DATE DERS AND DIRECTORS IN 12
TILLE Pres.	DELETE	1.1 TITLE		Change Addition
MAME Kevin P. Ric	est Dr.	1.2 NAME		
		1.3 STREET ADDRESS		
TITLE V-P	32826	1.4 CiTy - \$T - ZiP 2.1 TITLE		Change Addition
NAME ANTHONY L. Mi-	tchell Jr.	2.2 NAME		
STREET ADDRESS 429 WILSON AVE		2.3 STREET ADDRESS		£ .
CHY-ST-ZP Oviedo, FL 32	765	2. 4 CITY-ST-ZIP		
INTECEO	DELETE	3.1 TITLE O.EO	1011 - 2 - Kr	Change Addition
NAME WILLIAM		3.2 NAME	Jilliam Booker	
STRELL ADDRESS		3.3 STREET ADDRESS	111 Riveron Ave Islambo, FL 329	nas p
CITY-ST-7P Ortando, FL	DELETE	3.4. CITY-ST-ZIP	rlando, FL 329	
THILE	רין הנינונ	4.1 TIPLE 4.2 NAME		Change
NAME STREET ADORESS		4.3 STREET ADDRESS		
CHY-ST-74P		4.4 City - ST-ZIP	•	
THE	☐ DELETE	5.1 TIFLE		Change Addition
NAME		5.2 NAME		-
STREET ADDRESS		5.3 STREET ADDRESS		
City+S1+ZiP		5.4 CITY - ST - ZIP		
THILE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		62 NAME		

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 inclicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

SIGNATURE: SIGNATURE

STREET ADDRESS

DITY-51-7/P

4/28/1997 (407)275-7722 Date Dayling Phone #

FILED

May 09 1997 8:00am

Secretary of State