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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000050314 (9)

PLANET SOUND INC.

		-,								
Principal Place of Business Mailing Address							1.02.100		,,,,,,	
1201 E SUNRISE BLVD 1675 SOUTH STATE RD FT LAUDERDALE FL 33394 NORTH LAUD FL 33068										
PI DIODENI	DAGE FE 33334		HORITI ENDO TE SOL				DO NOT WRITE	E IN THIS	SPACE	·
							3. Date Incorporated or Qualified			
			**************************************				06/13/1996 4. FEI Number		- 1 1	united For
-	ace of Business	ļ <u>-</u>	Mailing Address				1		⊢	Applied For Not Applicable
Suite, Apt.	# etc	26	Suite. Apt. #. etc.				65-0678973			Additional
22			27			5. Certificate of Status Desired			Required	
City & State	 _		City & State			,	6. Election Campaign Financing		\$5.00	May Be
23			28			Trust Fund Contribution		Added	to Fees	
Zip Country			Zip		ry		8. This corporation owes or has paid the current year Intangible			
24	25	29		30			Personal Property Tax due Jun- 10. Name and Address of New R			∐ No
	g, Name and Addres	s of Current Hegisi	ered Agent		1	Name	10. Name and Address of New h	PAISION	Agent	
PRASAD, SANGIEVE					or warre					
1675 S STATE ROAD 7				8	82 Street Address (P.O. Box Number is Not Acceptable)					
"	LAUDERDALE FL 330	68		8	3					
									——————————————————————————————————————	
				8	4	City		FL	85 Zip	Code
11. Pursuant t	o the provisions of Section	ons 607.0502 and 60	07.1508, Florida Stat	tutes, the abo	ve.	-named corp	oration submits this statement for the	purpose o	f changing	its registered
 office or re 	egletered agent, or both, in familiar with, and acce	in the State of Floric	la. Such chance wa	s authorized	b۷	the corporati	on's board of directors. I hereby acce	apt the app	cointment at	s registered
SIGNATURE	Tylerimes thing and essen	, , , , , , , , , , , , , , , , , , ,	,,							
SIGNATURE	Signature, typed or printed name o			OTE Registered A	igen	nl signalure require	ed when reinstating)	DATE		
12.		FICERS AND DIREC		13.			ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTO Change	
TITLE	P	-,	∐ DELETE	1.1 TITLI					L Change	
NAME	PRASAD, SANGIE			1.2 NAM						I .
STREET ADDRESS	1675 S STATE RI					ADDRESS				7
CITY-ST-ZIP	NORTH LAUD FL VP	33008	DELETE	1.4 CITY 2.1 TITLI		- ZIP		-	Change	Addition
TITLE	PRASAD, SURES	.	Otter	2.2 NAM						
, NAME	1675 S STATE RI					ADDRESS				
STREET ADDRESS	NORTH LAUD FL			2.4 CITY		1				
CITY-ST-ZIP TITLE	T		☐ DELETE	3.1 TITU					Change	Addition
NAME	PRASAD, TARAM	ATI	_	3.2 NAM						
STREET ADDRESS	1675 S STATE RI			3.3 STRI	EET A	ADDRESS				
CITY-ST-ZIP	NORTH LAUD FL			3.4. CIT	Y - S	T-ZIP				
TITLE			☐ DELETE	4.1 TITL	E				Change	☐ Addition
NAME				4. 2 NAN	A E					
STREET ADDRESS				4.3 STR	EET /	ADORESS				
CITY-ST-ZIP				4.4 City	′- ST	r-ZIP				
TITLE			☐ DELETE	5.1 TITL	E				Change	Addition
NAME				5.2 NAM	łE					
STREET ADDRESS				5.3 STRI	EET /	ADDRESS				
CITY-ST-ZiP				5.4 CITY		r-ZIP				A 44455
TITLE			☐ DELETE	6.1 TITL					Change	Addition
NAME				6.2 NAM						
STREET ADDRESS				6.3 STR	EET 1	ADDRESS				

6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changes, ar on an attachment with an address.

gr on an attachment with an address.