

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000067330

Entity Name: THE SOUND ASYLUM, INC.

FILED  
Oct 02, 2009  
Secretary of State

## Current Principal Place of Business:

108 S. 12TH STREET  
TAMPA, FL 33602

## New Principal Place of Business:

## Current Mailing Address:

108 S. 12TH STREET  
TAMPA, FL 33602

## New Mailing Address:

101 N. 12TH STREET  
104  
TAMPA, FL 33602

FEI Number: 59-3394739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOWLER, TIMOTHY J  
108 S. 12TH ST.  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

FOWLER, TIMOTHY J  
19314 SANDY SPRINGS CIRCLE  
LUTZ, FL 33558 US

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.

SIGNATURE: TIMOTHY FOWLER

10/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FOWLER, TIMOTHY  
Address: 108 S 12TH ST  
City-St-Zip: TAMPA, FL 33602

Title: VP ( ) Delete  
Name: FOWLER, KIM  
Address: 108 S 12TH ST  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FOWLER, TIMOTHY J  
Address: 19314 SANDY SPRINGS CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: VP (X) Change ( ) Addition  
Name: FOWLER, KIMBERLEE L  
Address: 19314 SANDY SPRINGS CIRCLE  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY FOWLER

P

10/02/2009

Electronic Signature of Signing Officer or Director

Date