CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071056

1. Entity Name

CINEMA SOUND UNLIMITED, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90144 049 ***150.00

7381 WEST S. CORAL SPRIN	· · · · · · · · · · · · · · · · · · ·		Mailing Address 7381 WEST SAMPLE ROAD - CORAL SPRINGS FL 33065					22000502							
z. Fillicipai r	race of Business		3. Mailing	Address						•••••••••••••••••••••••••••••••••••••••			-, -,,,,,		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
City & Stat	e	City & State				4. F	FEI Numbe	65-077	7286		-	Applied			
Zip	Counti	у	Zip		Count	ry	5. (Certificate (of Status De			\$8.75 A	ddition	olicable al	
	6. Name and Add	ress of Current Ro	egistered A	gent		7. Name and Address of New Registered Agent									
				·		Name									
ITENANN, 7381 W. S	PHILIP E SAMPLE ROAD				Street Address (P.O. Box Number is Not Acceptable)										
	PRINGS FL 33065						-		-						
					Ī	City					FL	Zip C	ode		
8. The above	named entity submits	this statement for t	he purpose	of changing its	registere	d office or	registered age	ent, or both	, in the State	e of Florida	a. Iam	familiar wit	h, and	accept	
the obligat	V registered age									\sim	1	12	2	クマン	
SIGNATURE .	Signature, typed or printed na	me of registered agent and	title if applicable	le. (NOTE	: Registered	Agent signatur	re required when re	einstating)	<u></u>		DATE	1	<u> </u>	كرك	
Afte	ILE NOW!!! FEE I r May 1, 2003 Fee w c Payable to Florida	ill be \$550.00	State					1	ction Campa st Fund Cont	_	oing [\$ 5	.00 M led to F	ay Be ees	
10.		OFFICERS AND DI	RECTORS		11.		AD	DITIONS/	CHANGES T	O OFFICE	RS AND	DIRECTO	RS IN	11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENANN, DEE 7381 WEST SAMP CORAL SPRINGS I			☐ Delete		T ADDRESS ST-ZIP						Change	· 🗆	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS		v		•		☐ Change		Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Delete	TITLE NAME STREE CITY-S	t address St-zip						☐ Change		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-S							☐ Change		Addition	
12. Thereby o	ertify that the informat	ion supplied with th	is filing doe	s not qualify for	the exem	notion state	d in Section 1	119.07(3)(i)	. Florida Sta	tutes. I fur	ther cer	tify that the	inform	ation 1	

2. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my same appears in Block 10 or Block 11 if changed, or on an attachment with an accidence, with all other like empowered.

SIGNATURE: REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytin

Daytime Phone #