2006 **FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🗅

Jul 24, 2006 8:00 am **Secretary of State** DOCUMENT # 6970000 88874 1. Entity Name 07-24-2006 90004 003 ***158.75 Compass Spenkers And Entertainment, I DO NOT WRITE IN THIS SPACE 20050203 2. Principal Place of Business Mailing Address 17th Street 157 58 1315 Miami Romo DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. # 5 PMB 4. FEI Number Applied For City & State City & State 67-07906LL FT. LAUDERDALE, Not Applicable FT. LAUDERDALE Country \$8.75 Additional 5. Certificate of Status Desired 33316 33316 Fee Required USA 7. Name and Address of Current Registered Agent <u>M</u>. DARDANA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City Zip Code 333 /C FT. LAUDERDALE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. +121910 CR2E034B (12/02) TITLE TITLE NIKLAS M. SARDANA, III NAME NAME 1315 MIAMI QUAD # E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERVALE, FL 33316 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE City-SI-ZiP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with an other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



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COMPASS SPEAKERS AND ENTERTAINMENT, INC. 757 S.E. 17TH STREET PMB #308 FORT LAUDERDALE, FLORIDA 33316

July 12, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: 2006 Annual Report/Uniform Business Report

Per your instructions, we are enclosing a 2006 Annual Report/Uniform Business Report for processing and our check in the amount of \$158.75 to cover the fee and Certificate of Status.

We did mail back the postcard sent to us in January, but failed to receive the actual form to sign and return to you. If you review our past record, we have always timely paid this in January.

We now request that you process this application and and remove the \$400.00 penalty for late filing as we never received our Form.

Thank you for your cooperation in this matter.

Very truly yours,

Anthony Ciena,

Vice President encls.