1. Entity Name       SECENCETARTY OF State         SOUND HAMMOCK, INC.       04-13-2005 90038 022 ***150.00         Principal Place of Business       S701 PENSACOLA BLVD         Principal Place of Business       S701 PENSACOLA FL 32505         2. Principal Place of Business       Suite, Apt. #, etc.         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country         Zip       Country         Zip       Country         State       City & State         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         FADDIS, CHARLES F       Steet Address (P.O. Box Number is Not Acceptable)         PENSACOLA FL 32505       Steet Address (P.O. Box Number is Not Acceptable)         Steet Address (P.O. Box Number is Not Acceptable)       DMIE         FL       Steet Address (P.O. Box Number is Not Acceptable)         Steet Address (P.O. Box Number is Not Acceptable)       DMIE         Steet Address To OFFICERS AND DIFECTORS       11.         Addot for State       Name         State Of Points Charker Agent       Name         FADDIS, CHARLES F       State Of FlocERS AND DIFECTORS         State Check Payable to Pointa tend regratere for I specifie       Name	20	005 FOR PROF ANNUAL R	IT CORPOR		FILED — Apr 13, 2005 8:00 an	n	
SUCH PENALOLA FL 3255  The period Place of Business  The period P	DOCUMENF # P98000012282						
STOI_PENACOLA BLVD PENACOLA FL 32505       PTOI_PENACOLA BLVD PENACOLA FL 32505         1. PhiopselPace of Business       1. Mailing Addross:         Suite, Act. #, etc.       Suite, Act. #, etc.         Suite, Act. #, etc.       Suite, Act. #, etc.         City & State       4. FEI Number S-9.3496926         20       Country         21       Pendotics         20       Country         20       Country         21       Country         22       Country         23       The above named entry submits the statement for the purpose of changing its registered agent, or bon, in the State of Piotola. Lam familier with, and accept the being agent or bon, in the State of Piotola. Lam familier with, and accept the being agent or bon, in the State of Piotola. Lam familier with, and accept the being agent or bon, in the State of Piotola. Lam familier with, and accept the being agent or bon, in the State of Piotola. Lam familier with, and accept the being agent	SOUND H	AMMOCK, INC.			04-13-2005 90038 022 ***150.00		
FENSACOLAFL 32505       PENSACOLAFL 32505         2. Principal Place of Business       1. Maining Address         Sum, Apt #, etc.       Sum, Apt #, etc.         City & State       1. the MOORE         City & State       1. the MOORE         Zity       Country         Site Address of New Registrand Agent         Factors       Factors         FADDIS, CHARLES F       Factors         Streat Address (P.O. Box Number is Not Acceptable)       Streat Address (P.O. Box Number is Not Acceptable)         PENSACOLA FL 32505       Country         Streat Address (P.O. Box Number is Not Acceptable)       Control         Factors       Streat Address (P.O. Box Number is Not Acceptable)         For Int Booker named address of New Registrand Address of New Registrand Agent       Control         Streat Address (P.O. Box Number is Not Acceptable)       Streat Address (P.O. Box Number is Not Acceptable)         Resolution of registrand agent of the streadagent       Int Resolution of the streatable)<	Principal Plac	e of Business	Mailing Address	I			
SUM     SUM     Sum     Apple C     Sum     Apple C     Sum							
City & State     City & State     4. FEI Number     State     Implicit State       Zip     City & State     4. FEI Number     State     Implicit State       Zip     City & State     4. FEI Number     State     State       Zip     City & State     1. Nume and Address of Current Registered Agent     7. Nume and Address of New Registered Agent       FxDDIS, CHARLES F     State     1. Nume and Address of New Registered Agent     7. Nume and Address of New Registered Agent       FxDDIS, CHARLES F     State Address (P.O. Box Number is Net Acceptable)     Ft_L     Zip Code       R. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Rords. I am familiar with, and accept the addigations of registered agent.     (OTE Register Carrent Agent agent address (P.O. Box Number is Net Acceptable)       FLEE MOWIT: PEEL IS \$150.000     Implication of state of Rords. I am familiar with, and accept the address of Rords. I am familiar with, and accept the address of Rords. I am familiar with, and accept the address of Rords. I am familiar with, and accept the address of Rords. I address for OFFICERS AND DIRECTORS IN 11       Mate Check Payable to Florid Department of State of Rords. I address for OFFICERS AND DIRECTORS IN 11     Implication of Rords. I address for OFFICERS AND DIRECTORS IN 11       Mate Check Payable to Florid Department of State of Rords. I address for OFFICERS AND DIRECTORS IN 11     Implication of Rords. I address for OFFICERS AND DIRECTORS IN 11       Mate Check Payable to Florid Department	2. Principal Place of Business		3. Mailing Address				
Zip         Country         Zip         Country         S. Certificate of Status Desired         Status desired           20         Country         5. Certificate of Status Desired         Status	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)		
	City & State		City & State		50-2406026		
FADDIS: CHARLES F CO1 PENSACOLA FL 32505     Name       Steel Address (P.O. Box Number is Not Acceptable)     Steel Address (P.O. Box Number is Not Acceptable)       City     FL     Zip Code       B. The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. T an familiar with, and accept the abligations of registered agent.     Dott       SIGNATURE     Equate, type or exorement of registered agent.     UVIII: FEE IS \$190,007       Addre Chrick Purposition for State of Florida.     Tam familiar with, and accept Addre Chrick Purposition for State of Florida.     Dott       FLE NOW!!!: FEE IS \$190,007     Dott     Its     ADDITIONS/CHANGES TO OFFICERS AND Diffectores in the Addre Chrick Purposition for State of State of State of Florida.     S5.00 May Be Addre Chrick Purposition for State of State of State of State of Florida.       Tat.     OFFICERS AND DiffectORS     Its     ADDITIONS/CHANGES TO OFFICERS AND DiffectORS in the Mark State Address of Point State	Zip	Country	Zip	Country		ll.	
FADDIS, CHARLES F 6701 PENSACOLA BLVD PENSACOLA FL 32505       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         a. 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. Tam familiar with, and accept the obligations of registered agent are despendent upper within a market.       WOTE Regenerate despendent are stating)       Dutc         SIGNATURE       Experts, yoor of end despendent upper within a market.       WOTE Regenerate degree despendent acceptable)       Dutc         SIGNATURE       Experts, yoor of end despendent upper within a market.       WOTE Regenerate degree despendent accent accen	······································	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATUPE  SIGNATUPE  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  Added to Fase  COFFICERS AND DIRECTORS  OFFICERS							
the doligations of registered agant. SIGNATURE	:	· · · · · · · · · · · · · · · · · · ·		City	FL Zip Code		
SIGNATURE			for the purpose of changing its	registered office or r	egistered agent, or both, in the State of Florida. I am familiar with, and a	accept	
FILE NOW!!! FEE IS \$150.00         Mater May 1, 2005 Fee Will Be \$550.00       S5.00 May Be         Make Choick Payable to Florida Department of State       11.       Addotto Fees         Tust Fund Contribution       Addotto Fees         In       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Inte       DP       Inte       Delete       Inte       D, P, T       Change       Addition         Inte       DVS       Inte       Delete       Inte       Addition       Addition         Inte       DVS       Inte       Inte       Delete       Inte       D, P, T       Change       Addition         Inte       DVS       Inte       Delete       Inte       D, P, T       Change       Addition         Inte       DVS       Inte       Inte       Inte       Inte       Inte       Inte       Inte       Inte         Inte       DVS       Inte	SIGNATURE	4 . · ·	nt and title if applicable (NOTE	Registered Agent signature	e (equired when reinstating) DATE	<u>.                                    </u>	
IITLE       DP       Deters       IITLE       D, P, T       Change       Addition         NAME       FADDIS, CHARLES F       IITLE       NAME       Street ADDRESS       GT1 PENSACOLA FL 32505       IITLE       NAME       Street ADDRESS       GT1 PENSACOLA FL 32505       IITLE       IITLE <td< td=""><td>After</td><td>May 1, 2005 Fee Will Be \$550.0</td><td></td><td>· · · · ·</td><td></td><td></td></td<>	After	May 1, 2005 Fee Will Be \$550.0		· · · · ·			
NAME     FADDIS, CHARLES F     NAME       SREET ADDRESS     G701 PENSACOLA FL 32505     G111-ST-ZP       ITTLE     DVS     Delete     ITTLE       NAME     LOCKWOOD, RICHARD A     STREET ADDRESS     G114-ST-ZP       ITTLE     DVS     Delete     ITTLE       NAME     LOCKWOOD, RICHARD A     STREET ADDRESS     G114-ST-ZP       ITTLE     DVP     Delete     ITTLE       NAME     LOCKWOOD, RICHARD A     STREET ADDRESS     G114-ST-ZP       ITTLE     DVP     Delete     ITTLE       NAME     KENNEDY, CARTER S     STREET ADDRESS     G114-ST-ZP       ITTLE     DVP     Delete     ITTLE     Change     Addition       NAME     STREET ADDRESS     G114-ST-ZP     G114-ST-ZP     G114-ST-ZP       ITTLE     DVP     Delete     ITTLE     G114-ST-ZP       ITTLE     DT     Delete     ITTLE     G114-ST-ZP       ITTLE     DT     Delete     ITTLE     Change     Addition       STREET ADDRESS     G114-ST-ZP     G114-ST-ZP     G114-ST-ZP     G114-ST-ZP       ITTLE     DT     Delete     ITTLE     Change     Addition       STREET ADDRESS     G114-ST-ZP     G114-ST-ZP     G114-ST-ZP     G114-ST-ZP <th>10,</th> <th>T · · · · · · · · · · · · · · · · · · ·</th> <th>DDIRECTORS</th> <th></th> <th></th> <th></th>	10,	T · · · · · · · · · · · · · · · · · · ·	DDIRECTORS				
CIY-S1-7/P       PENSACOLA FL 32505       CIY-S1-7/P         ITTLE       DVS       Delete       ITTLE         NAME       LOCKWOOD, RICHARD A       MAME       Change       Addition         NAME       LOCKWOOD, RICHARD A       MAME	NAME	FADDIS, CHARLES F	Detete	NAME	D, P, T Dechange	Addition	
NAME     LOCKWOOD, RICHARD A     NAME       STREET ADDRESS     CITY-S1-ZIP       PENSACOLA FL 32505     CITY-S1-ZIP       ITLE     DVP     Delete       ITLE     DVP       ITLE     DVP       ITLE     DVP       ITLE     DOD CONSTST 158       BIRMINGHAM AL 35253     CITY-S1-ZIP       ITLE     DT       O'SULLIVAN, I L JR.       STREET ADDRESS       CITY-S1-ZIP       BIRMINGHAM AL 35253       CITY-S1-ZIP       BIRMINGHAM AL 35253       CITY-S1-ZIP       BIRMINGHAM AL 35253       CITY-S1-ZIP       BIRMINGHAM AL 35210       ITLE       NAME       STREET ADDRESS       CITY-S1-ZIP       BIRMINGHAM AL 35210       CITY-S1-ZIP       ITLE       NAME       STREET ADDRESS       CITY-S1-ZIP       ITTLE       NAME       STREET ADDRESS       CITY-S1-ZIP       ITTLE       Delete       ITTLE       NAME       STREET ADDRESS       CITY-S1-ZIP       ITTLE       ITTLE       Delete       ITTLE       NAME        STREET ADDRESS <td>CITY-ST-ZIP</td> <td></td> <td>······································</td> <td></td> <td></td> <td></td>	CITY-ST-ZIP		······································				
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Inte       DyP       Delete       Inte       Delete       Inte         NAME       KENNEDY, CARTER S       SIRET ADDRSS       SIRET ADDRSS         CITY-SI-ZIP       BIRMINGHAM AL 35253       CITY-SI-ZIP         Inte       DT       Oblete       Inte         NAME       O'SULLIVAN, IL JR.       Inte       Change       Addition         SIRET ADDRSS       P.O. BOX 101329       SIRET ADDRSS       CITY-SI-ZIP       Change       Addition         SIRET ADDRSS       P.O. BOX 101329       SIRET ADDRSS       CITY-SI-ZIP       CITY-SI-ZIP       CITY-SI-ZIP       CITY-SI-ZIP       Change       Addition         NAME       O'SULLIVAN, IL JR.       Delete       Inte       Change       Addition         NAME       O'SULLIVAN, IL JR.       Inte       Change       Addition         NAME       SIRET ADDRSS       CITY-SI-ZIP       CITY-SI-ZIP       Change       Addition         NAME       SIRET ADDRSS       CITY-SI-ZIP       CITY-SI-ZIP </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
STREET ADDRESS       P.O. BOX 531158         CITY-ST-ZIP       BIRMINGHAM AL 35253         THLE       DT         NAME       O'SULLIVAN, 1 L JR.         STREET ADDRESS       P.O. BOX 101329         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       BIRMINGHAM AL 35210         THLE       Delete         NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP         BIRMINGHAM AL 35210       CITY-ST-ZIP         THLE       Delete         NAME       STREET ADDRESS         STRET ADDRESS       CITY-ST-ZIP         ITHE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         THLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       THLE         NAME       STREET ADDRESS       CITY-ST-ZIP <td< td=""><td></td><td></td><td>Delete -</td><td></td><td>- Change</td><td>Addition</td></td<>			Delete -		- Change	Addition	
Title       DT       Delete       Title       Change       Addition         NAME       O'SULLIVAN, I L JR.       NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Integration       Change       Addition         STREET ADDRESS       CITY-ST-ZIP       BIRMINGHAM AL 35210       CITY-ST-ZIP       CITY-ST-ZIP       Integration       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Delete       TitLe       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         111LE       NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addition         111LE       NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addition         111LE		P.O. BOX 531158					
STREET ADDRESS       P.O. BOX 101329       STREET ADDRESS         CITY-S1-ZIP       BIRMINGHAM AL 35210       CITY-S1-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-S1-ZIP         12.       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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 111 i		DT	Delete		Change	Addition	
Infle       Delete       Infle       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         Infle       Delete       Infle       Change       Addition         NAME       Delete       Infle       City-st-ZiP       City-st-ZiP         Infle       Delete       Infle       Change       Addition         NAME       Delete       Infle       Change       Addition         NAME       Street ADDRESS       City-st-ZiP       Change       Addition         Infle       Delete       Delete       Street ADDRESS       City-st-ZiP         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 and mater 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 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 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 10 or Block 11 i changed, or on an attachment with an address, with all other like empower	STREET ADDRESS	P.O. BOX 101329		STREET ADDRESS			
STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         NAME       TITLE         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ILLE       Change         Addition         NAME         STREET ADDRESS         CITY-ST-ZIP         ILLE         ILLE         ILLE         NAME         STREET ADDRESS         CITY-ST-ZIP         ILLE         ILLE         ILLE         ILLE         NAME         STREET ADDRESS         CITY-ST-ZIP         ILLE         I		BIRMINGHAM AL 35210	Delete		Change 🛄	Addition	
NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP       12. 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 or director or an attachment with an address with all other like empowered.	STREET ADDRESS			STREET ADDRESS			
STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         12. 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 name appears in Block 10 or Block 11 i changed, or on an attachment with an address with all other like empowered.	TITLE		Delete	TITLE	Change	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 i changed, or on an attachment with an address, with all other like empowered.	STREET ADDRESS			STREET ADDRESS			
SIGNATURE: Charles F. FADDIS 4/4/05 850-478-4100							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNA	TURE: Charlos	// /-	-			