2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2000 8:00 am Secretary of State DOCUMENT # P98000021166 1. Entity Name DATASOUND, INC. 03-10-2000 90017 005 ***150.00 Principal Place of Business Mailing Address PO BOX 1553 18111 CLEAR LAKE DR LUTZ FL 33548-1553 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0818526 Not Applicable Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, DOUGLAS A Street Address (P.O. Box Number is Not Acceptable) 18111 CLEAR LAKE DR **LUTZ FL 33549** Zip Code 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so Atter MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE □ Delete TITLE SMITH, DOUGLAS A NAME NAME STREET ADDRESS 18111 CLEAR LAKE DR STREET ADDRESS CITY-ST-ZIF **LUTZ FL 33549** CITY-ST-7IP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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13. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

AMSOUND TIK, 3/6/2000 (813)9

DOUGLAS