## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 14, 2001 8:00 am DOCUMENT # P98000021166 Secretary of State 1. Entity Name DATASOUND, INC. 02-14-2001 90019 039 \*\*\*150.00 Principal Place of Business Mailing Address 18111 CLEAR LAKE DR PO BOX 1553 LUTZ FL 33549 **LUTZ FL 33548** 716412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0818526 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ----- 6.-- Name and Address of Current 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE $D \setminus b$ TITLE ☐ Addition ☐ Delete Change Change NAME SMITH, DOUGLAS A NAME STREET ADDRESS 18111 CLEAR LAKE DR STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE \_ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

2/11/2001 (813)949-4797 er C. Smittas President of Da SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS A. SMITH

CITY-ST-7IP