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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 19 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030104

1. Entity Name
UNIVERSAL SOUND MEDIA DISC, INC.

Principal Place of Business	Mailing Address
7930 SW 147 CT MIAMI, FL 33193	7930 SW 147 CT MIAMI, FL 33193

05202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7930 sw 147 ct			
Suite, Apt. #, etc. miami fl. 33193		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33193	Country USA	Zip	Country

4. FEI Number: 65-0824489 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEGA, SANDRA
7930 SW 147 CT.
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

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 $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	VEGA, SANDRA	
STREET ADDRESS	7921 S.W. 148 AVE.	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	Gm	☐ Delete
NAME	~~Vega, Sandra~~	
STREET ADDRESS	~~7921 sw 148 ave~~	
CITY-ST-ZIP	~~miami fl. 33193~~	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Vega 305 408 4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUL 19 2005