

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030104

Entity Name: UNIVERSAL SOUND MEDIA DISC, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

7930 SW 147 CT
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

7930 SW 147 CT
MIAMI, FL 33193

New Mailing Address:

FEI Number: 65-0824489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VEGA, SANDRA
Address: 7921 S.W. 148 AVE.
City-St-Zip: MIAMI, FL 33193

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: VEGA, SANDRA
Address: 7921 S.W. 148 AVE.
City-St-Zip: MIAMI, FL 33193

Title: P () Change (X) Addition
Name: ESCOBAR, DIANA
Address: 8520 NW 178 ST
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA VEGA

M

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date