FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 16, 2002 8:00 am Secretary of State P98000049074 DOCUMENT # 1. Entity Name SOUNDSET USA, INC. 05-16-2002 90013 012 ***150.00 Principal Place of Business Mailing Address 1895 W COMMERCIAL BLVD P O BOX 2012 DV1V344V FORT LAUDERDALE FL 33303 FORT LAUDERDALE FL 33309 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0842422 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIBBERD, BLAINE H Street Address (P.O. Box Number is Not Acceptable) 1033 SE 3rd Hul., Suite30 1895 W COMMERCIAL BLVD **STE 135B** FORT LAUDERDALE FL 33309 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAFTANIEL, LEON NAME NAME LOCAL 1 EDIFICIO PUERTO BANUS NUEVA STREET ADDRESS STREET ADDRESS ANDALUCIA MALAGA SPAIN 29660 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PUETO, MAITE NAME NAME LOCAL 1 EDIFICIO PUERTO BANUS NUEVA STREET ADDRESS STREET ADDRESS ANDALUCIA MALAGA SPAIN 29660 CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ► Addition . Change NAME Blaine H. Hibberd NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a laddress, with all other like empowered. Hilliber SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR