


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000058636

1. Entity Name
 SHAPE N' SOUND, INC.



Principal Place of Business
 628 ELLEN DRIVE
 WINTER PARK, FL 32789

Mailing Address
 105 ROLAND AVE
 LACKAWANNA, NY 14218

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
 58-2484245

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M
 628 ELLEN DRIVE
 WINTER PARK, FL 32790

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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 re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SABANTINI, MICHAEL A
STREET ADDRESS	303 MACARTHUR PLACE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	CHIDO, SAMUEL J II
STREET ADDRESS	105 ROLAND AVE.
CITY-ST-ZIP	LACKWANNA, NY 142183499
TITLE	D
NAME	LIVINGSTON, EDWARD M
STREET ADDRESS	628 ELLEN DR.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/19/04-80035-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Samuel Chido* *Samuel Chido* 4/15/04 716 825 9948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #