


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90159 043 \*\*\*150.00

NATIONAL AT

<b>DOCUMENT # P99000058636</b> 1. Entity Name <b>SHAPE N' SOUND, INC.</b>	
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Principal Place of Business <b>628 ELLEN DRIVE</b> <b>WINTER PARK FL 32789</b>	Mailing Address <b>105 ROLAND AVE</b> <b>LACKAWANNA NY 14218</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
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CHECK HERE IF MAKING CHANGES

4. FEI Number <b>58-2484245</b>				Applied For  <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>LIVINGSTON, EDWARD M</b> <b>628 ELLEN DRIVE</b> <b>WINTER PARK FL 32790</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>SABANTINI, MICHAEL A</b> <b>303 MACARTHUR PLACE</b> <b>MAITLAND FL 32751</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>CHIDO, SAMUEL J II</b> <b>105 ROLAND AVE.</b> <b>LACKAWANNA NY 14218-3499</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>LIVINGSTON, EDWARD M</b> <b>628 ELLEN DR.</b> <b>WINTER PARK FL 32789</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete    	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    

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: *Signature of Michael A Sabantini*      Date: 4/25/03      Daytime Phone #: 716 825 0945  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)