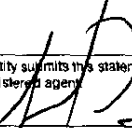
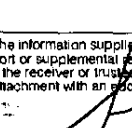


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90948 016 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000061437					
1. Entity Name VITAL SOUND, INC.					
Principal Place of Business 303 N. 64TH AVE. HOLLYWOOD, FL 33024			Mailing Address 303 N. 64TH AVE. HOLLYWOOD, FL 33024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3891215	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARSONS, MARK 303 N. 64TH AVE. HOLLYWOOD, FL 33024			Name Mark Parsons Street Address (P.O. Box Number is Not Acceptable) 3234 Harrison St. City HOLLYWOOD FL Zip Code 33021		
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 4/11/03					
FEE: NEW FILING IS \$150.00 FEE: MAY 1, 2003 FEE: \$150.00 MARK CHECK PAYABLE TO THE DEPARTMENT OF STATE					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	☐ Delete				
NAME	PARSONS, MARK				
STREET ADDRESS	303 N. 64TH AVE.				
CITY-STATE-ZIP	HOLLYWOOD, FL 33024				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☒ Change ☐ Addition				
NAME	3234 Harrison St.				
STREET ADDRESS	HOLLYWOOD, FL 33021				
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-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:  DATE 4/11/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2EC34 (10/02)