FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91569 021 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

768080

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000075416

1. Entity Name
21ST CENTURY SOUND, INC.

Principal Place of Business	Mailing Address
1757 OCEAN GROVE DR. ATLANTIC BEACH FL 32233	1757 OCEAN GROVE DR. ATLANTIC BEACH FL 32233

2. Principal Place of Business	3. Mailing Address
1116 17th ST N	1116 17th ST N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVille BCH FlA.	City & State: JACKSONVille BCH FlA.
Zip: 32250 / Country: USA	Zip: 32250 / Country: USA

4. FEI Number 59-3594209 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J
222 WEST COMSTOCK AVENUE SUITE 111
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMOND, EDWIN P III 1757 OCEAN GROVE DR. ATLANTIC BEACH FL 32233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1116 17th ST N JACKSONVille BCH FlA. 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 an address, with all other like empowered.

SIGNATURE [signature] 3/6/01 904 246 9882