

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000077387**

1. Entity Name

SOUND ILLUSIONS CORPORATION

Principal Place of Business

7131 GRAND NATIONAL DRIVE  
SUITE 103  
ORLANDO FL 32819

Mailing Address

7131 GRAND NATIONAL DRIVE  
SUITE 103  
ORLANDO FL 32819

2. Principal Place of Business

7131 GRAND NATIONAL DRIVE

3. Mailing Address

7131 GRAND NATIONAL DRIVE

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

SUITE 103

City &amp; State

ORLANDO FL

City &amp; State

ORLANDO FL

Zip

32819

Country

US

Zip

32819

Country

US

4. FEI Number

59-3599831

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**KOHN RICHARD  
1212 HIAWASSEE ROAD, #529

ORLANDO FL 32835 US

**7. Name and Address of New Registered Agent**

Name

KOHN RICHARD T

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

1212 HIAWASSEE ROAD, #529

City  
ORLANDO

FL

Zip Code  
32835

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 **RICHARD T. KOHN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/23/2000**

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, 2000 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**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**T.TITLE ☐ Change ☒ Addition  
NAME  
MR. KOHN RICHARD T  
STREET ADDRESS  
1212 S. HIAWASSEE RD. #529  
CITY-ST-ZIP  
ORLANDO FL 32835T.TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPT.TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPT.TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPT.TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an address, with all other like empowered.

SIGNATURE: Richard T. Kohn

Mr. 04/23/2000