2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000077387**

1. Entity Name
SOUND ILLUSIONS CORPORATION

Principal Place of Business	Mailing Address
7131 GRAND NATIONAL DRIVE SUITE 103 ORLANDO FL 32819 US	7131 GRAND NATIONAL DRIVE SUITE 103 ORLANDO FL 32819 US

2. Principal Place of Business		3. Mailing Address	
7061 GRAND NATIONAL DRIVE		7061 GRAND NATIONAL DRIVE	
Suite, Apt. #, etc.: SUITE 112		Suite, Apt. #, etc.: SUITE 112	
City & State: ORLANDO FL		City & State: ORLANDO FL	
Zip: 32819	Country: US	Zip: 32819	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3599831** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOHN RICHARD T
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): 7818 BRIDGESTONE DR.
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 ____________________ 05/14/2001
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	MR. KOHN RICHARD T 1212 S. HIAWASSEE RD. #529 ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. KOHN RICHARD T 7818 BRIDGESTONE DR. ORLANDO FL 32835	☒ Change ☐ Addition
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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CR2E034 (11/00)

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: Richard T. Kohn Mr. 05/14/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #