2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State
04-23-2000 90023 019 ***150.00

DOCUMENT # P99000101069

1. Entity Name
SATELLITE AND SOUND FX, INC.

Principal Place of Business	Mailing Address
5630 DEWBERRY WAY WEST PALM BEACH FL 33415	5630 DEWBERRY WAY WEST PALM BEACH FL 33415-4501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
249 Port St. Lucie Blvd	249 Port St Lucie Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, Florida	City & State: Port St. Lucie, Florida
Zip: 34984 Country: U.S.	Zip: 34984 Country: U.S.

4. FEI Number: 65-0964743 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROE, PHILLIP J
5630 DEWBERRY WAY
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name: Roe, Phillip J
Street Address (P.O. Box Number is Not Acceptable): 249 Port St. Lucie Blvd
Port St. Lucie
City: FL Zip Code: 34984

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]
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROE, PHILLIP J 5630 DEWBERRY WAY WEST PALM BEACH FL 33415	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Roe, Phillip J 249 SW. Port St. Lucie Blvd Port St. Lucie, Florida 34984	☒ 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

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: X [signature] 4/15/00 (561) 873-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #