

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90295 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S07742**

1. Corporation Name  
**TRUE DIMENSIONAL SOUND, INC.**

Principal Place of Business  
**1450 MADRUGA AVENUE  
SUITE 404  
CORAL GABLES FL 33146  
US**

Mailing Address  
**1450 MADRUGA AVENUE  
SUITE 404  
CORAL GABLES FL 33146  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/05/1990**

4. FEI Number

**65-0245605**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State  
**Sarasota, FL**

23 Zip Country

28 Zip Country  
**34230 US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNECHT, STEPHEN M., ESQ.  
1450 MADRUGA AVENUE  
SUITE 404  
CORAL GABLES FL 33146**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DPT  
GARCIA, ARTURO J.  
25323 SW 127TH PLACE  
MIAMI FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
**PT  
Garcia, Arturo H.  
4443 S.W. 11th Street  
Miami, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VDS  
KNECHT, STEPHEN M. ESQ.  
2600 DOUGLAS RD. SUITE 411  
CORAL GABLES FL 33134**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
**VDS  
Knecht, Stephen M. ESQ.  
14075 S.W. 72nd Court  
Miami, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**T  
GALEN, CLARK  
7606 PRESERVES COURT  
SARASOTA FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
**T  
Galen, Clark  
6345 Ravenwood Court  
Sarasota, FL 34243**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
**D  
Ferraro, James L.  
200 S. Biscayne Blvd., Suite 3800  
Miami, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/99

(941) 359-0633

Date

Daytime Phone #

CR2E034 (1/98)

0219612