2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # S07742 1. Entity Name TRUE DIMENSIONAL SOUND, INC. 03-20-2000 90121 032 ***158.75 Mailing Address Principal Place of Business PO BOX 3773 1450 MADRUGA AVENUE SARASOTA FL 34230-3773 SUITE 404 AUUSISIS CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0245605 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNECHT, STEPHEN M., ESQ. Street Address (P.O. Box Number is Not Acceptable) 1450 MADRUGA AVENUE SUTIE 404 **CORAL GABLES FL 33146** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 V.Pres. / Asst. Sec. XI Change Addition TITLE TITLE Delete Garcia, Arturo J. GARCIA, ARTURO J. NAME NAME 4443 S.W. 11th Street STREET ADDRESS 4443 SW 11TH ST STREET ADDRESS. 33134 Miami, FLCITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33134 VDS** President Change ☐ Addition ☐ Delete TITLE TITLE Knecht, Stephen M. Esq. KNECHT, STEPHEN M. ESQ. NAME NAME 14075 S.W. 72nd Court 14075 SW 72ND CT STREET ADDRESS STREET ADDRESS 33158 Miami, FL CITY-ST-ZIP CORAL GABLES FL-33134 CITY-ST-ZIP V. Pres. / Asst. Sec. X Change ☐ Addition Delete TITLE GALEN, CLARK Galen, Clark NAME NAME 6345 RAVENWOOD CT STREET ADDRESS 6345 Ravenwood Court STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP Sarasota, 34240 ☐ Change ☐ Addition Delete TITLE TITLE. FERRARO, JAMES L NAME NAME 200 S BISCAYNE BLVD STE 3800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 V. Pres. // Asst. Sec. ☐ Change Addition ☐ Delete TITLE TITLE Knecht, Christopher NAME NAME 7960 S.W. 142nd Street STREET ADDRESS STREET ADDRESS Miami, FL 33158 CITY-ST-ZIP CITY-ST-ZIP V.Pres. / Asst. Sec. ☐ Change X Addition TITLE Delete TITLE Gordon, Thomas R. 16101 S.W. 76th Avenue NAME NAME STREET ADDRESS STREET ADDRESS FL33157 Miami, CITY-ST-ZIP 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 sport 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 receive or trustee empered to deep the 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 attachmen with an address with all other like engrowered.

SIGNATURE:

Clark Galen TEREQUERES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/00

(941)359-0633

Daytime Phone #