## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S51523

Entity Name: SOUNDS TERRIFIC, INC.

FILED Sep 09, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	OLN WAY N SBURG, FL 3370	12 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	OLN WAY N SBURG, FL 3370	D2 US			
FEI Number:	59-3069026 F	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
8640 SEMI	., PETER T., ESQ. NOLE BLVD. E, FL 34642 US	6			
	named entity subr of Florida.	mits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic S	Signature of Registered Ag	ent	Date	
	npaign Financing Tru S AND DIRECTOR	ust Fund Contribution().	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVD () Dele HOFFMAN, IRWIN 14153 WHISPERW CLEARWATER, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () Dele HOFFMAN, MICHEL 14153 WHISPERWO CLEARWATER, FL	LE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRWIN HOFFMAN PVD 09/09/2003