

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S82347

1. Entity Name

TEDDYSOUND CORP.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90024 025 ***150.00

Principal Place of Business 2295 CORPORATE BLVD NW #134 BOCA RATON FL 33431 US	Mailing Address 2295 CORPORATE BLVD NW #134 BOCA RATON FL 33431 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 621 NW 53RD ST #365 Suite, Apt. #, etc. % GERALD DAMSKY, P.A. City & State BOCA RATON, FL Zip 33487 Country US	3. Mailing Address 621 NW 53RD ST #365 Suite, Apt. #, etc. % GERALD DAMSKY, P.A. City & State BOCA RATON, FL Zip 33487 Country US
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4. FEI Number 65-0294390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ATLANTIS REGISTERED AGENTS INC. 2295 CORPORATE BLVD NW #134 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Atlantis Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53RD ST #365 % GERALD DAMSKY, PA City BOCA RATON FL Zip Code 33487
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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 General Dg, Print Atlantis Registered Agents, Inc. 01/24/00
Signature, typed or printed name of registered agent and title, 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALFONSO, JOAQUIN GENERAL MITRE 207 08023 BARCELONA, SPN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ALFONSO, TERESA GRAN VIA CORTS CAT 751 BARCELONA, SPAIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEGURA, TERESA GENERAL MITRE 207 BARCELONA, SPAIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VILLABONA, FERNANDO GENERAL MITRE 207 BARCELONA, SPAIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGALD 2/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)