FILED 2003 NOT-FOR-PROFIT CORPORATION Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N39644** 04-17-2003 90150 017 ****61.25 1. Entity Name THE SINGING CLUB, INC. Principal Place of Business Mailing Address 3521 N.W. 8TH AVENUE 3521 N.W. 8TH AVENUE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State FEI Number 65-0209077 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURST, CARL Street Address (P.O. Box Number is Not Acceptable) 5244 NW 54 ST **COCONUT CREEK FL 33073** City 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. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE D Change DAVIES, CRISS 3521 N.W. 8 AVE, HURST, CARL NAME NAME 3521 N.W. 8TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP POMEANO BEACH, FL TITLE TITLE ☐ Change 🚵 Addition : '¿Delete ۵ BIVITTO ROSSENE 3521 NIN 6" AVE. HURST, BILLIE JO NAME NAME |3521 N.W. 8TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY - ST- ZIP PEMPANO BEACH, FL. **Delete** ☐ Change TITLE TITLE ☐ Addition KURTYKA, TARA NAME NAME 3521 NW 8TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP

12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITL F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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NAME STREET ADDRESS

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CITY-ST-ZIP

☐ Delete

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