DOCUMENT # N9900002294

1. Entity Name

R.H.S. BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

5 6 5 5 V M M

FILED May 31, 2000 8:00 am Secretary of State

04-26-2000 90059 012 ****70.00

| NAME STREET ADDRESS TREET ADDR | PANAMA CITY F | | PANAMA CITY FL 32401-019 | 94 | | | | |
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| Suite, Apr. F. RC. City & State City & Sta | | | | | | | | 178 (188) |
| City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Applied for Net Applied S. Certification of States Deviced For Refined and Address of New Registered Agent Name INTRETON, JAMES E 1000 SCHOOL AVE. PANAMA CITY FL 32401 S. The above named entity submits this atstement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$51.25 PEE IS \$51.25 PEE IS \$51.25 PEE IS \$51.25 PER INDRESS STREET ADDRESS TITE STREET ADDRESS STREET ADDRESS SOL No. State Applied for Not Applied for Not Applied Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FLE NOW: FEE IS \$51.25 DIVIS FUND Contribution. PEE IS \$51.25 SECONATURE STREET ADDRESS TITE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITE STREET ADDRESS STREET ADDRESS STREET ADDRESS SOL Name STREET ADDRESS STREET ADDRESS SOL Name | 2. Principal Pla | ace of Business | 3. Mailing Address | Mailing Address | | <u> </u> | | I BIRKERY |
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| Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature Street Address (P.O. Box Number is Not Acceptable) | 7in | Country | Zin | Country | | | | |
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| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | 6. Name and Address of Curren | t Registered Agent | | 7. Name and | Address of New Registered A | gent | |
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| 12. 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 | | and the state of t | sigh string strings at a second of | ! | -d in Contin- 110 07/01 | (i) Florido Ctotuta - 1 Earth | ا حاله دحاد داد داد | alarmatian |

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.

SIGNATURE:

SUMATURE BEOUR COTTON AS SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTOR

850-769-0015

Davima Phone #