2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 09, 2008 8:00 am Secretary of State DOCUMENT # N99000002294 04-09-2008 90021 001 ****61.25 R.H.S. BAND BOOSTERS, INC. Principal Place of Business Mailing Address 40002000 1000 SCHOOL AVE. P.O. BOX 3194 PANAMA CITY, FL 32401 PANAMA CITY, FL 32401-0194 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-NP CR2E037 (12/06) City & State Applied For City & State FEI Number 59-3571682 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent achael Kuiz HARRIS, HAROLD R Street Address (P.O. Box Number is Not Acceptable) 227 PINE STREET PANAMA CITY, FL 32404 Hackney 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. gistered egent and title if applicable \$5.00 May Be Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Stephenie Fields 257 Hannover Circle HARRIS, CATHERINE NAME NAME STREET ADDRESS 227 PINE STREET STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32404 Panena City FI 32404 Delete TITLE Addition TITLE RUIZ, RACHEL NAME NAME 3461 Hackney Court Panama Cito, FI 32403 STREET ADDRESS STREET ADDRESS 545 JH CREWS CIR CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE BAKER, LISA NAME NAME 5106 COLLINS ST STREET ADDRESS STREET ADDRESS PANAMA CITY, FL 32404 CITY-ST-ZIP CITY-ST-7IP VD TITLE ☐ Change ☐ Addition TITLE Delete MANNING, ED NAME NAME 3228 NAUTICAL DR STREET ADDRESS STREET ADDRESS PANAMA CITY, FL 32409 CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete THE ☐ Change ☐ Addition MCKINNEY, LAURA NAME NAME 9320 STAUBAR LN STREET ADDRESS STREET ADDRESS MARIANNA, FL 32446 CITY-ST-ZIP CITY-ST-7tP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 charged, or on an attachment with an address, with all other like empowered.

FILED