2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 29, 2001 8:00 am Secretary of State **DOCUMENT #** P00000022934 1. Entity Name 08-29-2001 90005 037 ***550.00 NEXT LEVEL RECORDS, INC. Principal Place of Business Mailing Address 5615 ISLEWORTH COUNTRY CLUB DR. 5615 ISLEWORTH COUNTRY CLUB DR. WINDERMERE FL 34786 WINDERMERE FL 34786 Principal Place of Business Mailing Address 165 ISLEWORTH COUNTRY CLUB 5165 ISLEWORTH COUNTRY CLUB DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For INDERMERE Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 6."Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, ROBERT B ESQ. Street Address (P.O. Box Number is Not Acceptable) 135 W. CENTRAL BLVD., STE. 1100 ORLANDO FL 32801 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition NAME BENSCHER, JENNIFER NAME 5615 ISLEWORTH COUNTRY CLUB DR. 5165 ISLEWORTH COUNTRY CLUB DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP TITLE ☐ Delete TITE F ☐ Addition ☐ Change NAME PRINGLE, JEFFREY NAME STREET ADDRESS 2817 W. END AVE., STE. 126, BOX 402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 TITLE - - Delete TITLE ☐ Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.