FILED

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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Secretary of State DOCUMENT # P00000030663 01-23-2003 90059 033 ***150.00 1. Entity Name FLORIDA KEYS MUSIC, INC. Principal Place of Business Mailing Address 3853 S. NOVA RD. 3853 S. NOVA RD. PORT ORANGE FL 32127 PORT ORANGE FL 32127 2. Principal Place of Business 3. Mailing Address 3340 S. RIDGEWOW 3340 5 RIDGEWOOD Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-3650775 PORT OF ANGE Not Applicable Country **\$8.75** Additional. 5. Certificate of Status Desired 32129 USA U5A 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namé PHANCO, JOHN Street Address (P.O. Box Number is Not Acceptable) 3859 9-NOVARD 3340 S. RIDGEWOOD AVE. PORT ORANGE FL 32127 32129 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE Change ☐ Addition TITLE Delete NAME NAME PHANCO, JOHN 643! Spruce CREEK RD STREET ADDRESS 502 BOXWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 PORT ORANGE FL. 32127 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true 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 of the corporation or the receiver or trust and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director It to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if