2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2001 8:00 am Secretary of State DOCUMENT # P96000051420 ROCKNOCKER MUSIC COMPANY 03-21-2001 90033 036 ***150.00 Principal Place of Business Mailing Address C/O JOHN M. GROSS, ESQ. %RZO INC 51 EAST 42ND STREET #1601 110 W 57TH ST. 5TH FL NEW YORK NY 10017 NEW YORK NY 10019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3007992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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, 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 ☐ Delete TITLE Change ☐ Addition NAME NAME BARNES, RICHARD D STREET ADDRESS STREET ADDRESS %RZO INC, 110 W 57TH ST CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY Delete TITLE Change ☐ Addition NAME NAME JUNSTROM, LAWRENCE STREET ADDRESS STREET ADDRESS %RZO INC, 110 W 57TH ST CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY TITLE ☐ Delete TITLE ST Change ☐ Addition NAME ZANT, DONALD VA N NAME STREET ADDRESS STREET ADDRESS %AZO:INC. 110-W-57TH-ST----CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** 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 Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-01

170-980-1001

Daytime Phone #