2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State P98000050951 DOCUMENT # 1. Entity Name TREMONTI/STAPP MUSIC, INC. 05-27-2002 90280 010 ***150.00 Principal Place of Business Mailing Address 15 SOUTH ORANGE AVENUE 15 SOUTH ORANGE AVENUE ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3523595 Not Applicable Zip Country 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 MCNEELY, ROBERT A ESQ Street Address (P.O. Box Number is Not Acceptable) MCFARLAIN, WILEY, CASSEDY & JONES, P.A. 215 S. MONROE ST., STE. 600 TALLAHASSEE FL 32301 Zip Code FL 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Change ☐ Addition TITLE TITLE TREMONTI, MARK NAME NAME STREET ADDRESS P.O. BOX 20346 (NA) STREET ADDRESS TALLAHASSEE FL 32316 CITY-ST-ZIP CITY-ST-ZIP TITLE DP ☐ Delete TITLE Change Addition Addition NAME STAPP, SCOTT NAME STREET ADDRESS STREET ADDRESS P.O. BOX 20346 (NA) CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32316 TITLE -- -☐ Delete TITLE **L** Change ☐ Addition CPO->= GARRY WHITFIELD 15.5. OFANGE AVE ONLANDO, RE 32801 WATTFIELD, GARRY D NAME NAME STREET ADDRESS STREET ADDRESS 15 S ORANGE AVE CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 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 tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver changed, or on an attachment w

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