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

## Jan 24, 2003 8:00 am **Secretary of State** P98000055797 **DOCUMENT #** 01-24-2003 90063 039 \*\*\*150 00 1. Entity Name SOURCE FOR MUSIC, INC. Principal Place of Business Mailing Address 400 NW 103RD TERRACE 400 NW 103RD JERRACE PEMBROKE-PINES FL 33026 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address PALM WAY 351 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES # 202 # 202 Applied For 65-0847953 *TemBroke* Not Applicable <sup>Zi</sup>33025 \$8.75 Additional Country 5. Certificate of Status Desired USA USA 3302*5* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, DAVID Street Address (P.O. Box Number is Not Acceptable) 400 NW 103RD TERRACE PEMBROKE PINES FL 33026 City Zip Code 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. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE Delete TITLE ☐ Addition DAYID SCOTT SCOTT, DAVID NAME NAME 35, PAIM WAY # 202 400 NW 103RD TERRACE STREET ADDRESS STREET ADDRESS PemBroke PiNes, FL 33025 PEMBROKE PINES FL 33026 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the infor changed, or on an

SIGNATURE:

954 261 6254