2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P99000026150 SERAPHIM RECORDS, INC. 04-17-2000 90102 009 ***150.00 Principal Place of Business Mailing Address P O BOX 12971 7834 DARTMOOR DRIVE PENSACOLA FL 32591-2971 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address 7834 Dartmoor Drive P.O. Box 7507 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Pensacola, Pensacola, 59-3568507 Not Applicable Country Žip Country \$8.75 Additional 5. Certificate of Status Desired 32534-7507 USA Fee Required USA 32514 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ms. Ann Shirley Morris PALMER, KARL Street Address (P.O. Box Number is Not Acceptable) — 8550 Elbert Street 4880 LAVENTANA TERRACE PENSACOLA FL 32505 Pensacola 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. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ▼ Addition President TITLE X Delete TITLE President NAME Carol Y. DeLoach Ernest Blond STREET ADDRESS STREET ADDRESS 7440 N. Palafox Street apt-B 32 East Cervantes Street CITY-ST-ZIP CITY-ST-ZIE Pensacola, Florida 32501 Pensacola, Florida 32503 TITLE Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ---CITY-ST-ZIP: ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

arol Y Delioach President signature and typed on printed name of signing officer on director

March 6, 2000(850)477-0453

Daytime Phone #