| 200   | 2 UNIF   | ORM BUS  | INE  | SS REP              | DRT                      | (UE                           | R)  |   |  | ¥  |  |                         |                       |
|---|--|--|--|---------------------|--------------------------|-------------------------------|---|---|--|--|--|-------------------------|-----------------------|
| DOCUMENT # <b>735129</b>                          |  |  |  |                     |                          |                               |   | 7 FILED                                     |  |  |  |                         |                       |
| 1. Entity Name  KING HIGH SCHOOL MUSIC CLUB. INC. |  |  |  |                     |                          |                               |   | 02 OCT 11 AM 8:59                           |  |  |  |                         |                       |
| ANNO FIRM SURFUL MUSIC CLUB, INC.                 |  |  |  |                     |                          |                               |   | SECRETARY OF STATE                          |  |  |  |                         |                       |
| Principal Place of Business                       |  |  | Mailin   | Mailing Address     |                          |                               |   |   |  | - SECHEL<br>TALLAHA                              | RSEEL I  | LORIDA                  |                       |
| % KING HIGH SCHOOL<br>6815 NORTH 58TH STREET      |  | TEMPLI   | PO BOX 290012<br>TEMPLE TERRACE FL 33687                         |                     |                          |                               |   |   |  |  |  |                         |                       |
| TEMPLE TER  | RRACE FL 33617   |  | US .   |                     |                          |                               | ļ   | 1101  | <br>                                     | 18)  | e koli oleka ol                                | TH <b>air</b> ia aith a | <b>1</b> 11 1111 1101 |
| 2. Principa                                       | Place of Busines   | s  | 3. Mail  | ling Address        |                          |                               |   |   |  |  |  |                         |                       |
| Suite, Apt. #, etc.                               |  |  | Su   | Suite, Apt. #, etc. |                          |                               |   |   | ~  | DO NOT WA  | TE'N THIS                                      | SPACE                   |                       |
| City & State                                      |  |  | Cit  | City & State        |                          |                               |   | 4. FEI Nu                                   | . N                                      | OT APPLIC  | ABLE   |                         | pplied For            |
| Zip   | Zip Country  |  |  | )                   | Cou                      | Country                       |   |   | 39.5.2                                   | atus Desired                                     | <u>8</u>                                       | \$8.75 AC               |                       |
| 6. Name and Address of Current i                  |  |  | l Registere  | d Agent             | <u> </u>                 |                               |   |   |  | ress of New F                                    | legistered                                     | Fee Requir              | ea                    |
|   |  |  | [-]  |                     | · ·                      | Name                          |   | <del></del>                                 | <u> =</u>                                | <u></u> .=                                       | -  | <del></del>             |                       |
| SLEPER,<br>1915 4Th                               | . Brent<br>H Street sol  | 1  | 1  |                     |                          | ddress (P                     | .O. Box Nu                                | mber is I                                   | Not Acceptable                           | e)<br>   |  |                         |                       |
| tampá f   | L 33819  | - /// - / //   | 7  |                     |                          | City                          |   |   |  |  |  |                         |                       |
| 9 The show  |  | HA M.  |  |                     |                          |                               |   |   |  |  | FL   | Zip Cox                 | ie .                  |
| o. me abov  | ve named enlity su   | Ministris specification  | or the purpo   | ose of changing its | s egistere               | ed office of                  | r registere                               | glagent, or<br>/                            | both, in                                 | the state of Flo                                 | rida.  | /, ,                    |                       |
| SIGNATURE   | ://  | WV   |  |                     |                          | 100                           | MC  | 700   | Pek                                      | <del>_</del>                                     | 9/   | 16/                     | 02                    |
| <u>.</u>  | Signature, types or p  | mnt dharpefot registered agent   | t and title if appl  | icable. (NOT        | E: Registered            | d Agent signat                | ure required w                            | rhen reinstating                            | 7  |  | , DATE   |                         |                       |
| , <u>a</u>  | FILE NOW: I  | FEE IS \$61,25   |  | 9. Election Ca      | mpaign Fi                | inancing                      |   | 55.00 M                                     | v Re                                     | Ma   | kê Chec  | k Payable               | 10                    |
| Ţ   | 1124 11011.  | LE 10 <b>40</b> 1,23   |  | Trust Fund          | Contributi               | on.                           |   | Added to F                                  |  |  |  | nt of Stat              |                       |
| 10.<br>TITLE                                      | IPD  | OFFICERS AND DIF   | RECTORS  |                     | 11.                      |                               | Αľ  | DOITIONS/                                   | CHANGE                                   | S TO OFFICE                                      | RS AND DI                                      |                         |                       |
| NAME  | CURRY, DAVI  |  |  | Delete              | NAME                     |                               |   |   |  |  |  | ☐ Change                | ☐ Addition   5        |
| STREET ADDRESS<br>CITY-ST-ZIP                     | 1  | ick ave<br>Race FL 33617   |  |                     |                          | ET ADORESS :                  | -   |   |  |  |  |                         | 31                    |
| TITLE   | VPD  |  |  | ☐ Delete TIT        |                          |                               |   | Change                                      |  |  |  | OB Addition             |                       |
| NAME<br>STREET ADDRESS                            | GREEN, JEFF<br>7109 WHITTIER   |  |  |                     | NAME<br>STREET ADDRESS   |                               |   | 5000083072459<br>-10/10/0201054001          |  |  |  |                         |                       |
| CITY-ST-ZIP                                       | TAMPA FL 33  |  |  |                     |                          | CITY-ST-ZIP                   |   |   |  | **<br>***  | **61.  | 25 **                   | ***61.25              |
| TITLE<br>NAME                                     | VPD<br>  Raulerson;  | JOHN   |  | Delete              | TITLE<br>NAME            |                               |   |   |  |  |  | Change                  | Addition              |
| STREET ADDRESS<br>CITY-ST-ZIP                     |  |  |  |                     | STREE                    | STREET ADORESS<br>C:TY-ST-ZIP |   |   |  |  |  |                         |                       |
| TITLE   | סו   |  |  | ☐ Delete            | TITLE                    | 51-ZP                         |   |   |  | <u> </u>   |  | ☐ Change                | ☐ Addition            |
| NAME<br>STREET ADDRESS                            | SLEEPER, BRI<br>1915 47TH ST   |  |  |                     | NAME                     |                               |   |   |  |  |  | craings                 |                       |
| CITY-ST-ZIP                                       | TAMPA FL 33  |  |  |                     | CITY-S                   | T ADDRESS  <br>ST-Zip         |   |   |  |  |  |                         |                       |
| TITLE NAME  | O'SLEA, JANE   | <u> </u>   | "  | ☐ Defete            | TITLE                    |                               | Joan                                      | 136   | OS                                       | Hea  |  | ☐ Change                | Addition              |
| STREET ADDRESS                                    | 622 ROYAL G  | REENS DR   |  |                     | NAME<br>STREET           | T ADDRESS                     |   |   | •  | :  |  |                         |                       |
| CITY-ST-ZIP                                       | TEMPLE TERP  | PACE FL 33617  |  |                     | CITY-S                   | ST-ZIP                        |   |   |  |  |  |                         |                       |
| TITLE   | 1  |  |  | Dalate              |                          |                               |   |   |  |  |  |                         |                       |
| TITLE<br>NAME                                     |  |  | 1  | ☐ Delete            | NAME                     |                               |   |   |  |  |  | Change                  | Addition              |
|   |  | . /  | 1  | 1 Delete            | NAME                     | FADDRESS<br>ST-ZIP            |   |   |  |  |  | Change                  | Addillon              |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | certify that the info  | ormation supplies with   | this filing di   | //                  | NAME<br>STREET<br>CITY-S | ST-ZIP                        | d in Section                              | on 119.07()                                 | B)(i), Flori                             | da Statutes. I i                                 | urther certi                                   | - •                     |                       |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | certify that the info<br>J on this report or<br>roporation or the re<br>, or on an attachm | ormation expoling with<br>supplemental report is<br>ceiver or trustee empor<br>ventwoman address w   | this filing of<br>true and ac<br>were to e                       | //                  | NAME<br>STREET<br>CITY-S | ST-ZIP                        | d in Section<br>ve the san<br>oter 617, F | on 119.07(;<br>ne legal eff<br>lorida Statu | 3)(i), Flori<br>ect as if r<br>ites; and | da Statutes. I i<br>mide under oa<br>mal my name | urther certi<br>th; that I ar<br>appears in    | - •                     |                       |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             |  | ormation supplies with supplemental region is celever of trusted ampoint an eddress with the supplemental region is a supplemental region. | this filing of<br>true arguer<br>were for early<br>vith a fotter | //                  | NAME<br>STREET<br>CITY-S | ST-ZIP                        | ed in Section of the san other 617, F     | on 119.07()<br>ne legal eff<br>lorida Statu | 3)(i), Flori<br>ect as if r<br>ites; and | da Statutes. I f<br>nade under oa<br>hat my name | turther cert<br>tith: that I are<br>appears in | - •                     |                       |

M while



## FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 27, 2002

KING HIGH SCHOOL MUSIC CLUB, INC. PO BOX 290012 TEMPLE TERRACE, FL 33687 US

Subject: KING HIGH SCHOOL MUSIC CLUB, INC.

Reference Number: 735129

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rg ANNUAL REPORTS SECTION