FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am Secretary of State DOCUMENT # 238125 1. Entity Name 02-17-2002 90074 045 ***150 00 STARLING MUSIC COMPANY, INC. Principal Place of Business Mailing Address 133 E CHURCH ST 133 E CHURCH ST DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0901939 Not Applicable 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 STARLING, KAREN R Street Address (P.O. Box Number is Not Acceptable) 133 E CHURCH ST DELAND FL 32724 Zip Code City 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 DATE 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. ☐ Change Addition ☐ Delete TITI F TITLE NAME STARLING KAREN R NAME STREET ADDRESS STREET ADDRESS 1735 MERCERS FERNERY ROAD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STARLING, TREVOR R STREET ADDRESS STREET ADDRESS 1735 MERCERS FERNERY ROAD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change ☐ Addition ☐ Delete TITLE TITLE 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-7IP 13. I hereby certify that the information supplied with this filling 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:

SIRE Faren R. Starling 1/30/02 386 734
FFICER OR DIRECTOR

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