PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION

REIN	FOR STATEMENT		DI	Katherine Ha Secretary of S VISION OF CORPOR	State	St	FILED CRETARY OF S TION OF CORPOR	TATE RATIONS		
DOC	UMENT #	39671	1			01 OCT 19 PH 7: 11				
BRASS	& REED MU	SIC CENTE	ER, INC.							
4			•							
Principal Place of Business			Mailing Addı	ess			& (\$\)			
675 MASON AVE. DAYTONA BEACH FL 32117			675 MASON AVE. Daytona Beach FL 32117							
					D	LINIST	ATEMEN	[OI		
If above a	ddresses are incorrect in	n any way, line thro	ugh incorrect i	nformation and enter	correction below.	PER CO DI	I II II Eme a a a a a a a a a			
		Аррисавіе	ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 03/01/1972				
City & State	#, etc		Suite, Apt. #, etc.			5. FEI Number	59-1389544		pplied For	
Zip Country			Zip Country			6. S8.75 Additional Fee required				
						l	OF STATUS DESIRED L	for a Certific	ate of Status	
7. Names a					trations must list at least 3 directors) treet Address of Each officer and/or Director		City / State / Zip			
CD	BIRTHRONG, WILLIAM FRED			675 MASON AVENUE			DAYTONA BEACH FL			
PD	BIRTHRONG, WILLI	∖ M		675 MASON AVENUE			DAYTONA BEACH FL			
Τ,	BIRTHRONG WEND	Υ		675 MASON AVENUE			DAYTONA BEACH FL			
						Em	nnnaees		>	
				,			5000046690362 -11/06/0101056021 ****750.00 *****750.00			
	8. Name and Add	lress of Current R	egistered Age	nt		9. Name and A	Address of New Registe	red Agent		
BIRTHRONG, WILLIAM I.					-Name					
675 MASON AVE.				Street Address (P.O. Box Nur			is Not Acceptable)		CB2E040	
DAYTONA BEACH FL 32117				Suite, Apt. #, Etc.						
					City			State Zip Code		
10. I, being	appointed the registered	agent of the above	named corpo	ration, am familiar wi	th and accept the ob	ligations of Section				
Signature of Registered A		n y outh	Aona Isteeed ag	ENT MUST SIGN	mak tin Lisak aug		Date	16/01	P	
this reins owed by	tatement application, the	e reason for dissolu en paid and the na	tion has been mes of individ:	eliminated, the corpo uals listed on this forn	rate name satisfies t n do not qualify for a	he requirements an exemption und	pter 607 or 617, F.S. I fur of section 607.0401 or 6 er section 119.07(3)(i), F	17.0401, F.S., tha	at all fees	

WENDY BIRTHRONG 10/16/07 386/252-5549
THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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