Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 18, 2002 8:00 am & Secretary of State DOCUMENT # 555279 1. Entity Name SWEETWATER RECORDS, INC. Principal Place of Business Mailing Address PO BOX 560026 1176 WINDSONG ORLANDO FL 32856 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip . 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 EULER, KEITH Street Address (P.O. Box Number is Not Acceptable) 250 PALM PARK LONGWOOD FL 32779 City Zip Code 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition EULER, KEITH NAME NAME 250 PALM PARK STREET ADDRESS STREET ADDRESS CITY-ST-7IP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SPURR, THURLOW, NAME STREET ADDRESS 1176 WINDSONG STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP TITLE ☐ Delete Change TITLE → ☐ Addition NAME SPURR, VICKI NAME STREET ADDRESS STREET ADDRESS 111 S WAYMAN CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 toport is the 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 transport 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