
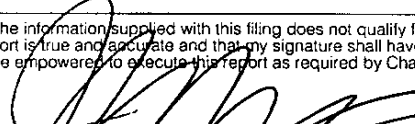


FILED
05 AUG 15 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001306			
1. Entity Name FINISH LINE MUSIC, LTD.			
Principal Place of Business 1801 WEST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32114-1243		Mailing Address 1801 WEST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32114-1243	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip			
BUR 510 DAY		Adm - 400.00 AR - 52.50 ARSUPP - 88.75	
8. The the SIGNA		Country	
9. Cal as:		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
12.		7. Name and Address of New Registered Agent	
DOCUMENT NAME		Name	
STREET ADDRESS CITY-ST-ZIP		Street Address (P.O. Box Number is Not Acceptable)	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		City	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		FL Zip Code	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DATE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		Initial Contributions date. \$500.00	
ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: 		RAYMOND R. DURAN 8/11/05 386-253 8195	