2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000869

1. Entity Name

BLAZING PIANOS, LTD.

Principal Place of Business	Mailing Address
6100 DEACON DR	200 S ORANGE AVE #2300
WINDERMERE FL 34786	ORLANDO FL 32801-3455

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 59-3318117 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A.G.C. CO.	Name
200 S ORANGE AVE #2300	Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32801-3432	City FL Zip Code

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)   DATE

9. Capital Contributions as Shown on record.	**$100,919.00**	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P95000044336 NAME GEDCO USA, INC. STREET ADDRESS 8445 INTERNATIONAL DR #T38 CITY-ST-ZIP ORLANDO FL 32819	STREET ADDRESS *6100 Deacon Drive* CITY-ST-ZIP *Windermere FL 34786*
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP **BK** 7000031 r3017--2 -03/16/00--01034--012
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CR2E003 (9/99)

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: _SIGNATURE RECD GL Tyler Piercy_   2/14/99   407-422-2434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #