2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **F91525** MATTERHORN MUSIC, INC. 05-24-2000 90169 012 ***158.75 Mailing Address Principal Place of Business P.O. BOX 10335 P.O. BOX 10335 TAMPA FL 33679-0335 TAMPA FL 33679 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2238093 Not Applicable \$8.75 Additional Zip Country Zin Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POWELL, SYLVIA J. Street Address (P.O. Box Number is Not Acceptable) 8611 POINSETTIA DR. TEMPLE TERRACE FL 33637 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE POWELL, RICHARD D NAME STREET ADDRESS 8611 POINSETTIA DR. STREET ADDRESS **TEMPLE TERRACE FL 33637** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE POWELL, SYLVIA J NAME NAME STREET ADDRESS 8611 POINSETTIA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TEMPLE TERRACE FL 33637 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 receives 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

address, with all other like empowered

SIGNATURE: