1. Entity Nam	MENT # <b>J63414</b> r island music, inc.			FILED Jan 09, 2001 8:00 am Secretary of State	
Principal Place of Business Mailing Address  2275 N. COURTENAY PKWY.  2275 N. COURTENAY PKWY.				01-09-2001 90041 009 ***150.00	
MERRITT ISLAN	ID FL 32953	MERRITT ISLAND FL 3295	s		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State	Country	4. FEI Number 59-2793558 Applied For Not Applicable  5-2-4 Status of Clatus Posited Status Section 1 Secti	
Zip -	6. Name and Address of Current I	* 2477777	Country	Certificate of Status Desired Fee Required      Name and Address of New Registered Agent	
		negistered Agent	Name	7. Haine and violation of their negative rigoria	
LAUTS, DOUGLAS E. 4395 STILLWATER DRIVE MERRITT ISLAND FL 32952			Street Address	s (P.O. Box Number is Not Acceptable)	
1716-1	111110011011010000		City	FL Zip Code	
The above	named entity submits this statement for	the ournese of changing its	s registered office or regis	tered agent, or both, in the State of Florida.	
9. This corpo	Signature, typed or printed name of registered agent a prattion is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 2	TE Registered Agent signature requirements of S \$150.00 001 Fee will be \$550.00 ble to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PST Lauts, douglas e. 4395 Stillwaters dr Merritt Island Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition (0)/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lauts, Barbara A. 4395 Stillwaters Dr	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 🖁	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERRITT ISLAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition	
indicated	on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that wered to execute this repor	my signature shall have th t as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information le same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	
changed,	or on an attachment with an address, w	<u> </u>		Dete Dayline Phone #	