2002 UNIFORM BUSINESS REPORT (UBR)

Aug 29, 2002 8:00 am Secretary of State DOCUMENT # K64704 1. Entity Name 08-29-2002 90006 013 ***550.00 HEAVY AIR MUSIC, INC. Principal Place of Business Mailing Address 8520 S W 81 LANE 8520 S W 81 LANE MIAMI FL 33143 MIAMI FL 33143 977437 2. Principal Place of Business 3. Mailing Address 5, W. 64 ST. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0100984 Not Applicable Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARRION CARRION, MARI ANGEL Street Address (P.O. Box Number is Not Acceptable) 8520 SW 81 LANE **MIAMI FL 33143** 8. The above named entity submits this etal ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent SIGNATURE yped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME CARRION, MARI ANGEL NAME STREET ADDRESS 8520 SW 81 LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP D TITLE PD ☐ Delete TITLE ☐ Addition NAME CARRION, JOSE LUIS JR NAME STREET ADDRESS 8520 SW 81 LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change CARRION, F. JAVIER Change NAME STREET ADDRESS STREET ADDRESS 33/73 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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 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 receiver 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 changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

CITY-ST-7/P

BEQUIREDAVIÉR CARRION 8/26/02 305-598-108/

FILED