FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 08, 2002 8:00 am Secretary of State DOCUMENT # L01000013915 1. Entity Name of 04-08-2002 90206 048 \*\*\*\*50 00 Amendment 12/19/2001 MUSIC FOR LIFE, LLC Principal Place of Business Mailing Address 2300 JETPORT DRIVE 2300 JETPORT DRIVE ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUCK, PAUL Street Address (P.O. Box Number is Not Acceptable) 2300 JETPORT DRIVE ORLANDO FL 32809 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. CR2E083 (9/01) MGRM Change ☐ Addition TITLE ☐ Detete TITLE NAME KUCK, PAUL NAME STREET ADDRESS STREET ADDRESS 2300 JETPORT DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 TITLE MGRM Delete TITLE ☐ Change Addition NAME KUCK, CAROL NAME STREET ADDRESS STREET ADDRESS 2300 JETPORT DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME 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 Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

407-447-9208 SIGNATURE: BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11. 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 managing member or manager of the limited liability company or the receiver on trustee empowered to execute this report as required by Chapter 608, Florida Statutes.