## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # L76317** 1. Entity Name THE MUSIC MAN OF JACKSONVILLE. INC. 4-19-2001 90302 020 \*\*\*150.00 Principal Place of Business Mailing Address 5950-1 RAMONA BLVD 5950-1 RAMONA BLVD JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 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 59-2923466 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DYAL, PAUL B Street Address (P.O. Box Number is Not Acceptable) 6858 OLD KINGS RD. N. JACKSONVILLE FL 32219 City 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 Squature, typod or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE THE SIDEN! □ Delete Change ☐ Addition BOD KINDS ES. N. DYAL. SHAWN B. NAME NAME 6330 OLD KINGS RD N STREET ADDRESS STREET ADDRESS TACKSONVILLE FLORIDO 3225 SENUR VICE PRESIDENT SHANN D. DYAL CITY-ST-ZIP JACKSONVILLE FL 32254 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition DYAL, PAUL B NAM<sup>©</sup> NAM5 6350 OLD KINGS RD N 6330 OLD KINGS Rd. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32254 JACKSWIGG, FLA. CITY-ST-ZIP MOT PAUSIDEM DARRIN B. DYAL TITLE Delete TITLE Change Addition GABICCIA, DONALD NAME NAME 10851 COLORADO SPRINGS AVE 6318 060 KINGS AS, N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32219 CITY-ST-ZIP PACKSOMMUE, FCA. 3225 TITLE ☐ Delete VICE ARESIDENT - SEC-TRES. TITLE ☐ Addition DONALD LARYCOIA NAME NAME 1085) COWEADO SPENIS AVE. STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP OACKSOMVILE, FLA. 32219 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

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SKNATURE AND PYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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