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Sep 21, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary J State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

MORE THAN M

| inan music, inc. | | | |
|------------------|--|--------------------|-----|
| ce of Business | | Mailing Address | |
| TERRACE | | 2203 THTHE TERRACE | · · |

Principal Plac 2203 TUTTLE TERRACE SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/20/1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3266532 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00-May-Be~ City & State 6. Election Campaign Financing: Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip □No Personal Property Tax. 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GEWEYE, DARREN L Street Address (P.O. Box Number is Not Acceptable) 82 2203 TUTTLE TERRACE SARASOTA FL 34239 83 Zip Code 84 City provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered iar with, and accept the obligations of Section 607.0505, Florida Statutes. 11. Pursuant to office or reg tered agent, or both, in agent. I am, 10 cwca SIGNATURE DATE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 S AND DIREC 12. OFFICE 13. ☐ Change DELETE 1.1 TITLE TITS F BAXTER, JOSEPH M. 1.2 NAME NAME 2203 TUTTLE TERRACE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIF CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-SY-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: