FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 21, 2001 8:00 am Secretary of State **DOCUMENT # N50583** 1. Entity Name 08-21-2001 90031 037 ****61.25 FIRST COAST DIXIELAND JAZZ SOCIETY, INC. Principal Place of Business Mailing Address -PO-BOX-10099---3333 ATLANTIC BLVD JACKSONVILLE FL 32207 JACKSONVILLE-FL-32247-0099 2. Principal Place of Business 3. Mailing Address BLUD MFLORID Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3151931 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MILLER, RICHARD E. SR 333C-ATLANTIC BLVD JACKSONVILLE FL 32207 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. Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. D TITLE ☐ Delete TITLE ☐ Addition KING, JOHN P NAME NAME 111 FLORIDA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEPTUNE BCH FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MILLER, RICHARD E., SR. NAME NAME 12807 ALADDIN ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete . Addition WILLIAMS, AUBRY NAME NAME STREET ADDRESS 1848 HIGHLAND DRIVE STREET ADDRESS CITY-ST-ZIP FERNANDINA BEAACH FL CITY - ST-ZIP ☐ Change ☐ Addition PATRICIA HARDING 2356 GABRIEL DRIVE STREET ADDRESS ha 32073 CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

12. Thereby 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: