2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State
02-28-2000 90025 025 ****70.00

DOCUMENT # N94000005663

1. Entity Name

MUSIC MISSION KIEV, INC.

Principal Place of Business	Mailing Address
16608 ALDERSYDE SHAKER HEIGHTS OH 44120 US	16608 ALDERSYDE SHAKER HEIGHTS OH 44120-2514 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2809 Revere Ct	PO Box 56-0578
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry Fl	City & State: Orlando, Fl
Zip: 32707 Country: USA	Zip: 32856-0578 Country: USA

4. FEI Number: 59-3278168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAVER, DAVID 1319 HARDING ORLANDO FL 32806	Name: Sharon L. Butler Street Address (P.O. Box Number is Not Acceptable): 2809 Revere Ct City: Casselberry FL Zip Code: 32707

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: Sharon L Butler Sharon L. Butler, US Administrator 01-31-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS NOLAN, CARTER 541 VIRGINIA DR. WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCMURRIN, ROGER G 300 GRANDVIEW PL LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO MCMURRIN, LEE DR 16608 ALDERSIDE DR CLEVELAND OH 44120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO J. Richard MacDonald 3020 NE 41st Street Fort Lauderdale, Fl 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SHAVER, DAVID 1310 HARDING ORLANDO FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT William C. Mills 3607 Villanova Dallas, TX 75225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIKES, MAYNARD 415 SE 123RD ST RD OCALA FL 34480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANTLEY, VIRGIL 228 N, KING ST. XENIA OH 45385	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Sharon L. Butler 2-7-00 407-898-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #