2002 UNIFORM BUSINESS REPORT (UBR)

12. I hereby certify that the information this report or sup oration or the re or on an attack

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SIGNATÙ

Feb 21, 2002 8:00 am DOCUMENT # **N94000005663 Secretary of State** 02-21-2002 90087 008 ****70.00 MUSIC MISSION KIEV, INC. Principal Place of Business Mailing Address 2809 REVERE CT PO BOX 56-0578 CASSELBERRY FL 32707 ORLANDO FL 32856 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3278168 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BUTLER, SHARON L 2809 REVERE CT CASSELBERRY FL 32707 Çity 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) TITLE VC Delete TITLE ☐ Change ☐ Addition NAME ROBINS, STAN NAME E037 STREET ADDRESS STREET ADDRESS 27241 PATRIOT CITY-ST-ZIP CITY-ST-ZIP SALISBURY MD 21801 ☐ Delete TITLE ☐ Change ☐ Addition NAME MCMURRIN, ROGER G NAME STREET ADDRESS 300 GRANDVIEW PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition TITLE CEO Delete TITLE Palma, Paul NEEDHAM, DANIEL J NAME NAME 928 Versailles Circle STREET ADDRESS STREET ADDRESS 5343 JADE CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 DT Delete Change ☐ Addition TITLE TITLE MILLIS, WILLIAM C NAME NAME STREET ADDRESS STREET ADDRESS 3607 VILLANOVA CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75225 ☐ Addition Change TITLE TITLE ☐ Defete NAME NAME SIKES, MAYNARD STREET ADDRESS STREET ADDRESS 415 SE 123RD ST RD CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 Delete Addition TITLE TITLE Sidney BRANTLEY, VIRGIL NAME NAME STREET ADDRESS 228 N, KING ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP XENIA OH_45385 Dallas

ation 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 premental 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 ver 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

February 5 2002