NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # \$3 500 1. Entity Name N960000 Socia Rock Internation	05-13-2002 90157 029 ****61.25					
DO NOT WRITI	E IN THIS SPA	ACE				
2. Principal Place of Business 2/95/US HICHWAY H4/ P. O. DRAWER  Suite, Apt. #, etc. Suite, Apt. #, etc.		236	DON	IOT WRITE IN THIS SPACE		
City & State Mount Dona, FL Mount Dona, FL Mount Dona, FL		FL ·	4. FEI Number Applied For S 9 - 3390276 Not Applied be			
Zip Country LAKE	Zip	Country LAKE	5. Certificate of Status D	\$0.7E		
DO NOT WRITE IN THIS SPACE		Street Address	Street Andrews (P. GREEN VIEW CIRCLA  City WINTER GARDEN  City WINTER GARDEN  The Manual City Control of the Co			
8. The above named entity submits this statement of SIGNATURE  Signature, typed or printed name of registered agent	WILL BRIAN	gistered office or register  F. MITC  Egistered Agent signature require	HEU 4/2	ate of Florida.  4/02  DATE		
FEE IS \$61.25  9. Election Campa Initial or Amended UBR  Trust Fund Cont  OFFICERS AND DIRECTORS			\$5.00 May Be Added to Fees	Make Check Payable to Department of State		
TITLE PRESIDENT + CHAIRMAN + DIRECTOR  NAME STREET ADDRESS  5235 JONES AVE		TITLE NAME STREET ADDRESS CITY-ST-ZIP			378 (12/01)	
NAME STREET ADDRESS ST35 JONES AVE CITY-ST-ZIP ZEULLOOD, FL 32798		TITLE NAME STREET ADDRESS CITY-ST-ZIP			CR2E037B	

5/0 TITLE WENDY STUTZMAN 5235 JONES AVE NAME . STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ZELLUCUD, FL 32798 CITY-ST-ZIP TITLE TITLE IN THIS SPACE PAUL K. BUNTANG 17615 RUTH STREET NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIP TITLE DIANA BUNTING 17615 RUTH STREET NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Maint DONA, FL 32757 CITY-ST-ZP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZI<sup>3</sup>

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

**SIGNATURE:** 

SAMEURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stutzman

Date

4/24/02

Daytene Phone #