PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
FOR			A DEPARTMENT OF STATE  Katherine Harris  Secretary of State  VISION OF CORPORATIONS		FILED July			
OCUMENT # N9800001356 Corporation Name					02 MAY-8_PM_3: 10			
HE TRUE HEART MUSIC CORPORATION					SECRETARY OF STATE			
rincipal Place of Business  Mailing Addr  801_SW_174TH_ST  PO_BOX_169  IIAMI_FL_99157  ST. PETERSE US			_					
	ddresses are incorrect in any way, line throncipal Office Address, If Applicable	nformation and enter on office Address, If A		4. Date incorporated or Qualified To Do Business in Florida 03/06/1998				
			72 7862 h mee FL	I. Irlo Brenser Hwy	5. FEI Number	5. FEI Number Applied For Not Applicable		
°347	47 Country US	2347L			OF STATUS DESIRED			
Names a	Name of Officers and/or Directors	rida nonprofit corporations must list at least 3 director  Street Address of Each Officer and/or Director			-U6/U6/0201086001 4 ****122.50 State ****122.50			
PD	CASH, J L SR.	8601 SW 174711 2912 Bloo	st. nung Alam	nandaloop	unda Kissimmee, FC. 34747			
SD	WILSON, FELICIA	8601 SW 174TH		asaboue	MIAMI FL 33159			
CD	D WEBER-LONGLEY, SHARON		8601 SW 174TH ST Same as at		above	MIAMI FL 33157		
Ţ	CLARK, RONSHA		8601-SW 174TH 8T Earne a		as above	MIAMI-FL-33157		~
CO _	WRIGHT, DARLEENA	8601-SW 174TH	<del>ST</del> Same a	a bove	) MIAMI FL 33157			
CO CASH, JEFFERY			8601 SW 174TH	St Same a	is above	Above MAMI FL 33157		
8. Name and Address of Current Registered Agent  LONGLEY-WEBBER, SHARON  8601 SW 174TH ST  MIAMI FL 33157				9. Name and Address of New Registered Agent Name Name Name Noron Longley - WCbber Street Address, (P.O. Box Number is Not Acceptable) - 2912 Blooming Alamanda Loop Suite, Apt. #, Etc.				
				Rissimm			State Zip Code FL 3474	-7
ignature of egistered Agent Must Sign Date  Date  ### April 1. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Date  #### April 1. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Date  ###################################								
1. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling								

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## True Heart Music Corporation

(Business Reply)

PMB 172 7862 W. Irlo Bronson Memorial Hwy

Kissimmee, Florida 34747

Phone: 1-888-233-0963

May 8,2002

Attn: Michelle

This letter is regarding waiving the late filing fee.

We did not receive the original forms for the filing and I am requesting that you accept the fee of \$122.50 for the filing.

Thank you,

Sharon Webber

**Director**