2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # N9900005654 May 17, 2000 8:00 am Secretary of State 1. Entity Name MIAMI JAZZ FOUNDATION, INCORPORATED 05-17-2000 90972 011 ****61.25 Principal Place of Business Mailing Address 2699 SO. BAYSHORE DRIVE 2699 SO. BAYSHORE DRIVE ' SUITE 600C SUITE 600C MIAMI FL 33133-5422 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address NO CHANCE NO CHANGE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State (.5-091087 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANCE Street Address (P.O. Box Number is Not Acceptable) JOHNSON, ALBERT B II 3370 POINCIANA AVENUE **MIAMI FL 33133** Zin Code City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Chande ☐ Addition ☐ Delete TITLE TITLE NAME JOHNSON, ALBERT B !! NAME STREET ADDRESS 3370 POINCIANA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Change ■ Addition ☐ Delete TITLE TITLE ADDERLY, THEOPHILUS C NAME NAME STREET ADDRESS STREET ADDRESS 18850 N.W. 14TH AVENUE ROAD CITY-ST-ZIP CiTY-ST-7IP MIAMI FL 33169 ☐ Delete ☐ Change ☐ Addition TITLE TITLE n KNOX. GEORGE F NAME NAME STREET ADDRESS STREET ADDRESS 3803 S.W. 37TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Delete ☐ Addition Change TITLE TITLE WILLIAMS, EDDIE B JR. NAME NAME STREET ADDRESS 2340 N.W. 155TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33054 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Lhereby certify that the information supplied with this filling 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