FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 29 AM 8:00

REINSTATEMENT 03-04

DOCUMENT # P00000003021

1. Entity Name

SONGRAZER, INC.

000039693340
07/29/04--01042--005 **308.75

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE MRS

2. Principal Place of Business	3. Mailing Address
2815 S. BROADWAY	2815 S. BROADWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVIERA BEACH, FL	City & State: RIVIERA BEACH, FL
Zip: 33404 Country: USA	Zip: 33404 Country: USA

4. FEI Number: 650971904 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: STEFAN ZIMBEROFF

Street Address (P.O. Box Number is Not Acceptable):
c/o SONGRAZER, INC.
2815 S. BROADWAY
RIVIERA BEACH FL 33404

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] 15 JUL 04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - DIRECTOR
NAME	STEFAN ZIMBEROFF
STREET ADDRESS	2815 S. BROADWAY
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 15 JUL 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)