2001 UNIFORM BUSINESS REPORT:(UBR) May 19, 2001 8:00 am Secretary of State DOCUMENT # P0000007234 04-06-2001 90048 023 ***150.00 LONG AGO AND FAR AWAY MUSIC, INC. Principal Place of Business Mailing Address 2300 GLADES ROAD 2300 GLADES ROAD SUITE 302E SUITE 302E BOCA RATON FL 33431 **BOCA RATON FL 33431** 3. Mailing Address 66 a 9 Conch Court 2. Principal Place of Bysiness 6629 Conch Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BÖY PRON BCh, FL 4. FEI Number Applied For BOUNTON BCh, FL 65-0980287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 53437----49A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name on otednam SCIARRETTA, STEVEN A treel Address (P.O. Box Mahber 3 Not Agceptable) 2300 GLADES ROAD SUITE 302E **BOCA RATON FL 33431** Bounton Ech 多少はろう 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. John Stedham, President SIGNATURE (NOTE: Registered Agent algosture required when rein FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President John Heal ham 6629 Conch Court CR2E034 (10/00) Delete HTLE Change TITLE SCIARRETTA, STEVEN A NAME NAME 2300 GLADES ROAD, SUITE 302E STREET ADDRESS STREET ADDRESS Bounton Ech, FL 33437 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP Addition MILE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MILE Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this tiling 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 Block 12 if 4/2/01 SIGNATURE:

FILED