2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 03, 2001 8:00 am DOCUMENT # P000000 22 429 Secretary of State 1. Entity Name Card Songs of America, Inc. 03-26-2001 90017 004 ***150.00 04-03-2001 90225 011 ***158.75 Principal Place of Business Mailing Address 00041452 2. Principal Place of Business 3. Mailing Address 12000 Biscayne Blvd. Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 204 City & State City & State 4. FEI Number Applied For N. Miami, Florida Not Applicable 65-0987156 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 331811 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Cove & Associates, P.A. Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue Andrew N. Cove, Esq. Coral Gables, Florida 33134 225 S. 21st Avenue ^{Zi}33020 FL Hollywood rpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named e March 29, 2001 SIGNATURE ered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 -Trust Fund Contribution.- -Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ▲ Addition Change TITLE ☐ Delete TITLE P/S/T NAME NAME Iris Bitton STREET ADDRESS STREET ADDRESS 12000Biscayne Blvd. #204 CiTY-ST-ZIP CITY-ST-7/P N. Miami, Florida 33181 Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information sypplied 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 of 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 changed, or on an attachment with an address, yith all other ke empowered. March 29, 2001 (305) 892-7212 SIGNATURE ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (11/00)

Daytime Phone #