2001 UNIFORM BUSINESS REPORT (UBR) FILED Jul 17, 2001 08:00 ÅM DOCUMENT # P0000038295 Entity Name **Secretary of State** RAY'S SOUND & VIDEO, INC. Principal Place of Business Mailing Address 1389 N.W. 47TH PLACE 7389 NW 47TH PLACE LAUDERHILL FL LAUDERHILL FL 33319 33319 2. Principal Place of Business 3. Mailing Address 7389 N.W. 47TH PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LAUDERHILL 65-1020269 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33319 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIFICE LYDIA 1972 NE 119 ROAD Street Address (P.O. Box Number is Not Acceptable) N MIAMI FL33181 Zip Code 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. 07/17/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change RAYMOND MAME RIFICE NAME RIFICE RAYMOND 1389 N.W. 47TH PLACE STREET ADDRESS STREET ADDRESS 7389 N.W. 47TH PLACE CITY-ST-ZIP LAUDERHILL FL 33319 LAUDERHILL CITY-ST-ZIP ☐ Delete TITLE ☐ Change 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 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

07/17/2001

Date

Daytime Phone #

SIGNATURE: RAYMOND A. RIFICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR