2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P0000051797 SOAPY TUNA BRAND MUSIC, INC. Principal Place of Business Mailing Address 13665-5 ABBEY DR 13665-5 ABBEY DR FT MYERS FL 33919 FT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address 13665.5 13665.5 ABBEY Δ 3R£ γ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For X Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEWETT CRAIG, KENNETH P Street Address (P.O. Box Number is Not Acceptable) 13665-5 ABBEY DR 13665 -ATIBIEY FT MYERS FL 33919 City MYRRS 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, typed or printed name of registered 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 After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE CRAIG, KENNETH P NAME NAME STREET ADDRESS 13665-5 ABBEY DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF FT MYERS FL 33919 ☐ Change Addition TITLE ☐ Delete TITLE YOUNG, ROGER W NAME NAME STREET ADDRESS STREET ADDRESS 584 PALERMO CIR CITY-ST-7IP CITY-ST-ZIP FT MYERS FL 33931 Addition TITLE Delete TITLE ONLACH, 2120V VOGIA, DAVID NAME NAME 1362 BOBOLINK CIR STREET ADDRESS 1362 BOBOLINK CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KENT OH 44240** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Change

☐ Addition