2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000055612 DOCUMENT # 1. Entity Name 03 APR -8 PM 2: 06 SOUNDTRACK PRODUCTIONS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address MICHEL CHARLES MICHEL CHARLES 330 BISCAYNE BLVD, #801M 330 BISCAYNE BLVD, #801M MIAMI FL 33132 MIAM) FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1019465 Not Applicable Zip Country Zip 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 CHARLES, MICHEL Street Address (P.O. Box Number is Not Acceptable) 330 BISCAYNE BLVD #801 M MIAMI FL 33132 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-10. 11. DTLE Chance ☐ Addition TITLE / ☐ Oalete NAME CHARLES, MICHEL NAME STREEL PRESS STREET ADDRESS 330 BISCAYNE CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP GENERAL Muraber TITLE Delete TITLE Creveral Managea ☐ Change Campana andrew AMPana Andrew NAME NAME 330 Biscaphe Blud STREET ADDRESS 30 Biscoyne Blyd Mianni FL 33132 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami TITLE 🔲 Change ☐ Addition TITLE Delete. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 sective this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.

THE REQUIRED

SIGNATURE:

03-17-2003 90710 007 ***150.00