2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P0000069094 1. Entity Name ARTS & SOUNDS INTERNATIONAL, INC. ميه د ميه 04-14-2001 90040 013 ***150.00 Mailing Address Principal Place of Business 8300 DIAMOND COVE CIRCLE 8300 DIAMOND COVE CIRCLE ORLANDO FL 32836 ORLANDO FL 32836 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Numbe City & State City & State Not Applicable \$8.75 Additional ZID Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLMES, WILLIE J Street Address (P.O. Box Number is Not Acceptable) 8300 DIAMOND COVE CIRCLE ORLANDO FL 32836 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change ☐ Delete D TITLE NAME NAME HOLMES, WILLIE J STREET ADDRESS STREET ADDRESS 8300 DIAMOND COVE CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Addition Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 of trustee of powered to execute this people as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an accommon with an address, with all other like explanations.

RINTED NAME OF SIGNING OFFICER OF DIRECTOR