2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P00000070917

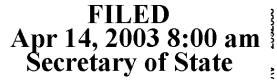
1. Entity Name EXILE MUSIC, INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04-14-2003 90084 040 ***150.00

374 PALMETTO STREET P O BOX 623155 OVIEDO FL 32765 OVIEDO FL 32762-3155										
Principal Place of Business 3. Mailing Address							MACA AMBAL MBALA TUES	1 1(0)) 1 00 (106)		
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State City & State			State			4. 1	4. FEI Number			
Zip	Country	Country Zip		Coun	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			1		7. 1	Name and Address of New Register	me and Address of New Registered Agent			
	سبي د، د			-,	Name	الولية سد		,		
GIBBINS, FLORENCE A				Street Address (P.O. Box Number is Not Acceptable)						
374 PALM	etto street									
OVIEDO F	L 32765									
	•				City			Zip Co	de	
the obligati	named entity submits this statem ons of registered agent.				ed office or req		ent, or both, in the State of Fiorida. I		, and accept	
	Signature, typed or printed name of registerer	d agent and title if applica	ble (NOT	IE: Hegisteret	a Agent signature re	aduirea when re	sinstating)			
After	LE NOW!!! FEE IS \$150.0 May 1, 2003 Fee will be \$55 Payable to Florida Departme	0.00					Election Campaign Financing Trust Fund Contribution.	_ +	00 May Be ed to Fees	
10.	OFFICERS	AND DIRECTORS	3	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBINS, FLORENCE A 374 PALMETTO STREET OVIEDO FL 32765		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBINS, MICHAEL G 374 PALMETTO STREET OVIEDO FL 32765		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	مستند که ۱۹۰۱ و ایستان محاصد		☐ Delete		·		* - - -	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I .			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete				and the land of the Art Conference	☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUARGENCE A GIBBINS

4-10.03

407.366.3700