2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🗷

May 23, 2001 8:00 am Secretary of State DOCUMENT # P0000083094 1. Entity Name 04-25-2001 90114 024 ***150.00 BREEZE MUSIC, INC. Principal Place of Business Mailing Address 10518 BOCA ENTRADA BLVD 10518 BOCA ENTRADA BLVD 46283 **BOCA RATON FL 33428** BOCA RATON FL 33428 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent DINAN, LAWRENCE J JR. Street Address (P.O. Box Number is Not Acceptable) 10518 BOCA ENTRADA BLVD **BOCA RATON FL 33428** 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Fogistered 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TRENSUREL CR2E034 (10/00) ☐ Addition TD/Change ☐ Delete TITLE TIFLE FRESIDENT),NANJE LAWRENCE J. DINAN JE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Addition ☐ Defete TID F TITLE NAME NAME logochick DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE SECRETARI TITLE NAME NAME 955W701 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition - 🔲 Delèta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME MALE STREET ADDRESS STREET ADDRESS 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 outh; 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.

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