FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am § Secretary of State **DOCUMENT #** P00000093907 1. Entity Name SOLLIE'S MUSIC CO., INC:~ 05-08-2002 90043 039 ***150 00 Principal Place of Business Mailing Address 4021 W. 17TH ST. 4021 W. 17TH ST. Phharma PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3212501 Not Applicable Zip Country 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 CULVERHOUSE, JAMES S Street Address (P.O. Box Number is Not Acceptable) 4021 W. 17TH ST. PANAMA CITY FL 32401 City Zip Code 82 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. CALVER HOUSE PRESIDENT SOLLIES PRISIC gnature, typed or printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCALNERHOASE ☐ Delete TITLE Change ☐ Addition SIDRHVERHOUSE, JAMES NAME NAME STREET ADDRESS 4021 W 17TH STREET STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CULVERHOUSE, MICHAEL P NAME STREET ADDRESS **4021 W 17TH STREET** STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP ST ☐ Delete TITLE ☐ Change ☐ Addition CULVERHOUSE, SHEILA NAME STREET ADDRESS 4021:W=17TH:STREET= STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Source Masic Co; NC 4-22-02 850-747-65