2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 24, 2002 8:00 am **DOCUMENT #** P00000116009 Secretary of State 1. Entity Name 03-24-2002 90087 007 ***150.00 ISLAND GIRL MUSIC, INC. Principal Place of Business Mailing Address 9300 OVERSEAS HWY 9300 OVERSEAS HWY MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address 140 SOUTH MAN STRIFF 140 SOUTH MAIN STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1063882 BROOKENLLE BROOKSUILLE FLORED Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSHER, GEOFFREY K JR Street Address (P.O. Box Number is Not Acceptable) 140 S MAIN ST **BROOKSVILLE FL 34601** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete Change TITLE CR2E034 (9/01) ☐ Addition NAME CARTER, JANE E NAME STREET ADDRESS 9300 OVERSEAS HWY 140 SOUTH MAIN STREET STREET ADDRESS CITY-ST-ZIE MARATHON FL 33050 CITY-ST-ZIP BROOKSMILE, FLORIDA 34601 TITLE ☐ Delete Change Change ☐ Addition NAME CARTER, ROBERT Q NAME STREET ADDRESS 140 SOUTH MAIN STREET 9300 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP BROOKSNILE, FLORIDA 3460 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report aer 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.

FILED

Daytime Phone #