2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000010351

Entity Name: CHAOTIC NOTATION INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: P. O. BOX 16427 14607 N NEBRASKA AVE TAMPA, FL 33687 TAMPA, FL 33613 **Current Mailing Address: New Mailing Address:** P. O. BOX 16427 TAMPA, FL 33687 FEI Number: 59-3704371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NIETO, FABIANNA 9815 N. 50TH ST. TAMPA, FL 33617 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: MRS () Change (X) Addition NIETO, FABIANNA Name: Name: 9815 N 50TH STREET Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33617 () Delete Title: Title: MRS () Change (X) Addition RIVERA, FREDDIE Name: Name: 15711 GREECOVE BLVD Address: Address: ORLANDO, FL 34711 City-St-Zip: City-St-Zip: () Change (X) Addition Title: () Delete Title: MR NIETO, CARLOS Name: Name: 9815 N 50TH STREET Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33617 Title: () Delete Title: () Change (X) Addition NIETO, JOSHUA Name: Name: Address: Address: 1500 SUMMIT WEST BLVD City-St-Zip: City-St-Zip: TAMPA, FL 33617 Title: Title: () Change (X) Addition () Delete CASADO, CARMEN Name: Name: Address: Address: 105 E MISSION HILLS AVE City-St-Zip: City-St-Zip: TAMPA, FL 33687

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIANNA NIETO MRS 04/30/2002