FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State P01000023618 DOCUMENT # 1. Entity Name EDUSOUND.COM, INC. 05-13-2002 90163 012 ***158 Principal Place of Business Mailing Address 1690 DUNN AVE., APT. #1005 1690 DUNN AVE., APT, #1005 DAYTONA BCH FL 32114 DAYTONA BCH FL 32114 2. Principal Place of Business 3. Mailing Address 1690 Dunn Arc 5 O · raS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Daytona Beach Daytona 59-3711632 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. ·S.A. 32120 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>roo</u>les CROOKS, EDWARD O. Box Number is Not Acceptable) 1690 DUNN AVE., APT. #1005 DAYTONA BCH FL 32114 Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURI 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 Tax filing requirement and elects to do so. \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE. ☐ Addition Crooks, Edward Edward Crooks NAME 1690 DUNN AVE., APT. #1005 STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete 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 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 13. Thereby certify that the information supplied with this filling 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 with an address, with all other like empowered

SIGNATURE: