FILED May 15, 2002 8:00 am Secretary of State, 2002 UNIFORM BUSINESS REPORT (UBR) P01000032020 DOCUMENT # 1. Entity Name DATABASS MUSIC AND MULTIMEDIA CORP. 05-15-2002 90079 047 ***150.00 Principal Place of Business Mailing Address 20906 SPRINGS TERRACE 20906 SPRINGS TERRACE **BOCA RATON FL 33428** BOGA-RATON-FL-89428 3. Mailing Address c/o Joseph D. Sydror, 2. Principal Place of Business 1005 Kane Concourse Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite #203 City & State City & State LY Harbor Islands, FL 4. FEI Number Applied For 65-1097030 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33154 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAUZARDO, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 6813 MARIPOSA CIRCLE EAST PEMBROKE PINES FL 33331 City Zip Code FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΠ TITLE ☐ Delete TITLE ☐ Change ☐ Addition vu, John Trung NAME NAME 20906 SPRINGS TERRACE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LAUZARDO, MICHAEL A NAME NAME 6813 MARIPOSA CIRCLE EAST STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33331 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition KELLEY, MATTHEW P NAME NAME 20906 SPRINGS TERRACE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ 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-7JP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 13. I hereby 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 changed, or on an attachment with an address, with all other like empowered.