9/12/2002-90001-016-$550.00-$550.00

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 15 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

980135

DO NOT WRITE IN THIS

DOCUMENT # P01000093621

1. Entity Name
PARAGON MUSIC GROUP, INC.

Principal Place of Business	Mailing Address
2769 CULLENS COURT OCOEE FL 34761	2769 CULLENS COURT OCOEE FL 34761

2. Principal Place of Business	3. Mailing Address
304 Ocoee-Apopka Rd	PO Box 691075
Suite, Apt. #, etc.: Unit 1	Suite, Apt. #, etc.
City & State: Ocoee, FL	City & State: Orlando, FL
Zip: 34761 Country: USA	Zip: 32869 Country: USA

4. FEI Number: 59-3747027

5. Certificate of Status Desired ☐ $8.75 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: David DeVito
Street Address (P.O. Box Number is Not Acceptable): 814 Windergrove Ct
City: Ocoee FL Zip Code: 34761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shannan Mix 9/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIX, SHANNAN 2769 CULLENS COURT OCOEE FL 34761	☒ Delete	D David DeVito 814 Windergrove Ct Ocoee, FL 34761	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (4/02)

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.

SIGNATURE: Shannan Mix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02 Date

407-445-1488 Daytime Phone #