2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

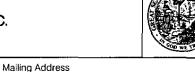
DOCUMENT #

Principal Place of Business

SIGNATURE:

P01000103264

1. Entity Name MELLO SOUNDS INTERNATIONAL, INC.



FILED Mar 31, 2003 8:00 am § Secretary of State 03-31-2003 90224 026 ***150.00

W. PALM BCH			2695 N MILITARY TR/ W. PALM BCH FL 334								
2. Principal P	Place of Busin	less	3. Mailing Address								•
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e		City & State		4. F	4. FEI Number			Applied For Not Applicable		
Zip Country			Zip	Coun	Country		Certificate of Status Desired	\$	8.75 Add	litional	1
	and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent							
					Name						7
MARCH, A	INN MARIE			Street Addres:			s (P.O. Box Number is Not Acceptable)				
	nta ka wa							, 			Ţ
WEST PAL	lm Beach	FL 33417									
				,,	City	ity		FL Zip Code		e]
	named entity ions of regist		or the purpose of changing	g its register	ed office or regis	stered age	ent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agen	f and title if applicable	(NOTE: Registere	d Agent signature requ	ifrect when rei	instating)	DATE			
			t and this is applicable.	(NOTE, Hogistere	o Agent aignatore requ	T STEEL W DOIL		- CATE		 	┨
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o		e and a compression	· i — i · · · · · · · · · · · · · · · ·	المحمودية	9 Election, Campaign Fine Trust Fund Contribution		\$5.0 Added	0 -May.Be I to Fees	-
10.1	•	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	S IN 11	1
NAME , STREET ADDRESS CITY-ST-ZIP	PDT MARCH, CALVERT L 4629 WADITA KA WAY W. PALM BCH FL 33417		☐ Delete	1					☐ Change	Addition	10/05/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDTS MARCH, ANN MARIE P 4629 WADITA KA WAY W. PALM BCH FL 33417		□ Delete	NAM Stre	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	1680
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TITLE			☐ Delete	TITLE - NAM	_				Change	Addition	
STREET ADDRESS CITY-ST-ZIP		1888			ET ADDRESS -ST-ZIP				: پونی روشند		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					☐ Change	☐ Addition	
indicated of the corp	on this repo r poration or th	t or supplemental report i e receiver or trustee emp	s true and accurate and th	nat my signat port as requir	ture shall have th	ne same le	19.07(3)(i), Florida Statutes. I egal effect as if made under o la Statutes; and that my name	ath; that I an	í an officer o	or director	