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Secretary of State

05-05-2003 90205 022 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003533

1. Entity Name
TREASURE COAST MUSIC, INC.

Principal Place of Business	Mailing Address
40 EAST OSCEOLA STREET STUART, FL 34994	40 EAST OSCEOLA STREET STUART, FL 34994

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
43 SW Osceola St		43 SW Osceola ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Stuart, FL		City & State: Stuart, FL	
Zip: 34994	Country: USA	Zip: 34994	Country: USA

4. FEI Number: 80-0036483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMMERS, ROBERT P ESQ.
MCCARTHY SUMMERS BOBKO WOOD SAWYER & PERRY
2400 SE FEDERAL HIGHWAY, FOURTH FLOOR
STUART, FL 34994

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP POLLACK, FRED PO BOX 289 STUART, FL 349950289	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michael Pollack P.O. Box 2089 Hobe Sound, FL 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST POLLACK, MICHAEL PO BOX 289 STUART, FL 349950289	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Michael Pollack President 4/25/03 (772)463-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #