FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2004 8:00 am
Secretary of State
05-13-2004 90007 013 ***150.00

DOCUMENT # P02000086494

1. Entity Name
EYE MEDIATED Records

DO NOT WRITE IN THIS SPACE

24075238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
22919 N. ST RD 235	2915 N.E. 19th ST
Suite, Apt. #, etc.: LOT 1721	Suite, Apt. #, etc.:
City & State: Brooker FLA	City & State: Gainesville FLA
Zip: 32622 Country: United States	Zip: 32609 Country: United States

4. FEI Number: 04-3707374 ☑ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kendrick Williams L

Street Address (P.O. Box Number is Not Acceptable):
2915 N.E. 19th ST

City: Gainesville FL Zip Code: 32609

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: _____ DATE
(Signature, typed or printed name of registered agent and date required) (NOTE: Registered Agent signature required when changed)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: e.g. S/D; V/S; V/T/D Kendrick Williams 2915 N.E 19th ST Gainesville FLA 32609	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kendrick L. William 5/6/04 352-219-8393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #