2001 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2001 8:00 am DOCUMENT # P93000016418 **Secretary of State** DIMENSION MUSIC AND SOUNDEFFECTS, INC. 02-21-2001 90055 027 ***150.00 Principal Place of Business Mailing Address 16330 JUPITER FARMS RD. P.O. BOX 8495 JUPITER FL 33478 JUPITER FL 33468-8495 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0391826 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, REX.M___ Street Address (P.O. Box Number is Not Acceptable) 16330 JUPITER FARMS RD. JUPITER FL 33478 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete ☐ Change TITLE TITLE BELL, REX M NAME NAME 16330 JUPITER FARMS RD. STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP JUPITER FL 33478 ☐ Addition ☐ Delete ☐ Change TITLE TITLE BELL, FRAN NAME NAME STREET ADDRESS 16330 JUPITER FARMS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P.-..-TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

**The control 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 the corporation of the receiver or trustee empowered.

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