2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9300067297 Apr 23, 2001 8:00 am Secretary of State 1. Entity Name COCONUT MUSIC CO. 04-23-2001 90024 050 ***150.00 Principal Place of Business Mailing Address 28 SAN JOSÉ DR 28 SAN JOSE DR ORMOND BCH. FL 32176 ORMOND BCH, FL 32176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 15-4446360 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, ELLIOTT J Street Address (P.O. Box Number is Not Acceptable) 28 SAN JOSE DR ORMOND BCH. FL 32176 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PVST Change ☐ Addition ☐ Delete TITLE TITLE SMITH, ELLIOTT J NAME NAME 28 SAN JOSE DR STREET ADDRESS STREET ADDRESS ORMOND BCH. FL 32176 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE SMITH, ELLIOTT J NAME NAME 28 SAN JOSE DR STREET ADDRESS STREET ADDRESS ORMOND BCH. FL 32176 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME 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:

EllicHJ. Smith 4-8-1