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PROFIT		EL ORIDA DEPAR										
	RPORA (L.	ndra B. Mor							
ANN	IUAL RE	JHI (Se Se	ecretary of S	tate						
ļ	1996		Con The	DIVISION	OF CORPO	ORAT	IONS					
DOCU 1. Corporation		# PS	95000	010102	(8)							
DIAN	MOND STA	AR, INC.										
Discos of Disco												
Principal Plac	1			Mailing Address					IAIA! Billi \$8111 8		IVII 841VI I	11841 MAINN 1184 1801
CASSELB	EVIEW DRIVE ERRY I'L 3270	•		2908 LAKEVIEW Casselberry (DHIVE FL 32707							
	1							3. Date Incorporate	d or Qualified	3a. Date	nflactE	Panort
								02/06/199		IN		icport
2. Principal F	Place of Busine	SS	<u> </u>	2a. Mailing Address				4. FEI Number 39 - 3	97a2-			Applied For
Suite, Apt.	#, etc			Suite, Apt. #, etc				·		·		Not Applicable Additional
22			2	27				5. Certificate of Star	us Desired			Required
City & Stat	te		2	Gity & State				6. Election Campaig				0 May Be
Zip		Country		Zip		ountr	у	8. This corporation			under s	d to Fees 199,032.
24	16.	nd Address o		9 gistered Agent	[30]			Florida Statutes	Yes	No 🔀 No		
	<u> </u>			g order rigorit		81	Name	10. Name and Add	ess of New F	legistered A	gent	
MCDA	NIELS-BART	EY, JEANNE	E			82	Street Ad	dress (P.O. Box Number is	Not Acceptat	Ve)		
	LAKEVIEW D	DI-INVE -L \32707				83						
UMOO	CLDENNI FL											
						84	1 '''			FL		o Code
 Pursuant or registe 	to the provision red agent, or b	of Sections 6 h, in the State	607.0502 and e of Florida. St	607.1508, Florida Sta Joh change was autho	itutes, the ab	ove-	named corpo	oration submits this statem and of directors. I hereby a	ent for the pur	pose of chan	ging its r	egistered office
	ith, and accept	ne obligations	of, Section 60	07.0505, Florida Statu	rtes.			and of directors. Thereby a	осоргина арри	onunent as re	gisterea	agent. I am
SIGNATURE	Signature, typied or		ered agent and tile		(NOTE: Register	od Ager	nt signature requir	ed when re-instating)		DATE		
12.		/	ERS AND DIR	ECTORS DELETE	13	, TITLE		ADDITIONS/CHAI	IGES TO OFF			IRS IN 12
NAME		vkenien Vkenien		Contact to second	,-	NAME				IJ	Change	☐ Addition
STREET ADDRESS		elly, Fil			1.3	STREET	ADDRESS					RS IN 12
CITY-ST-ZIP TITLE	CAEBOO	ay, H	3270	7 DELETE		CITY-S	IT-ZIP					
NAME				T DETEIF	ľ	TITLE					Change	Addition
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CITY-ST-ZIP TITLE	 			P-3 PG FYG	240	CITY-S	T - ZIP					
NAME				DELETE		TITLE					Change	☐ Addition
STREET ADDRESS						VAME Street	ADDRESS					
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NAME	}			☐ DELETE	4.1						Change	☐ Addition
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CITY - S1 - ZIP	<u> </u>					HY-51						
TITLE				☐ DELET€	5.1	TITLE					Change	Addition
NAME STHEET ADDRESS					5.2 N							
CiTY+ST+ZiP						TREET . ITY-ST	ADDRESS F-ZIP					
TITLE				☐ DELETE	6 1 1						Change	Addition
NAME STREET ADDRESS					62 N		}					
CITY-ST-ZIP							ADDRESS					
14 I do hereby	y certify that the	information su	ipplied with thi	is filing is voluntarily fu	· · ·	does		or the exemption stated in	Section 119.0	7(3)(k), Florida	Statute	s. I further
oath: that I	lam ac officeλr	or director of the	o corporation	or the receiver or trus or the receiver or trus attaggment with an ad	too one one	e true red to	e and accura o execute thi	or the exemption stated in te and that my signature s s report as required by Ch	hall have the s apter 607, Floi	ame legal effe rida Statutes:	ect as if r and that	made under my name
	,		د الماري دياريا.		~~~			KI/	6.	40		
SIGNAT	UKE;	SONATURE AND T	YPED OR PRINTE	D NAME OF SIGNING OFFI	CER OR DIRECT	CX TOP	≦	Y/2\2	49 (O_		30-0	334