2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



Apr 11, 2003 8:00 am Secretary of State

P95000029923 DOCUMENT # 1. Entity Name 04-11-2003 90100 032 ***150.00 RAYE STEVENS MUSIC & ENTERTAINMENT, INC. Principal Place of Business Mailing Address 10107 W SAMPLE RD 10107 W SAMPLE RD 10066667 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0639904 Not Applicable Zip Zip Country Country \$8.75-Additional-5._Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RACKMIL, BRUCE Street Address (P.O. Box Number is Not Acceptable) 10107 W SAMPLE RD **CORAL SPRINGS FL 33065** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VICE PRESIDENT PVST Delete Change Addition TITLE TITLE DEBBIE TAYLOR RACKMIL, BRUCE NAME NAME 10107 W SAMPLE RD STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Addition NAME RACKMIL, BRUCE NAME STREET ADDRESS STREET ADDRESS 10107 W SAMPLE RD CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY_ST-ZIP. TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING

KACKMIL

CR2E034'(10/02)