2001 UNIFORM BUSINESS REPORT (UBR)

Aug 29, 2001 8:00 am Secretary of State P96000007721 DOCUMENT # 1. Entity Name 08-29-2001 90009 017 ***550 00 THE MUSIC STORE, INC. Principal Place of Business Mailing Address 1870 N.W. 2ND AVENUE 1870 N.W. 2ND AVENUE **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 2266 N. DIXIE HIGHWAY 2266 N. DIXIE HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0666383 BOCA RATION. BOCA RATON Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORSON, THOMAS A Street Address (P.O. Box Number is 784 BERKELEY STREET **BOCA RATON FL 33487** 3060 POMPANO BCH. 3. 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 THOMAS FORSON PRESIDENT SIGNATURE! Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDERIT CR2E034 (5/01) TITLE Delete TITLE ☐ Addition Change THOMAS A. FORSON FORSON, THOMAS A NAME NAME 1720 S.W. AN AVE. STREET ADDRESS 784 BERKELEY STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** POMPANO BCH., FL. 33060 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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-7IP 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-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

LIFTHOMAS FORSON PRESIDENT

SIGNATURE:

FILED