2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am \(\frac{\xi}{5} \) Secretary of State DOCUMENT # P96000027780 1. Entity Name ROLLIN SOUND AT THE AVENUES, INC. 05-27-2002 90267 037 ***150.00 Principal Place of Business Mailing Address 10845 PHILLIPS HWY. 10845 PHILLIPS HWY. JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 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 59-3369592 Not Applicable Źίρ Country Zip 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 Name MONTGOMERY, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 10845 PHILLIPS HWY. JACKSONVILLE FL 32256 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) •9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 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 TITLE ☐ Delete TITLE Addition ☐ Change MONTGOMERY, MICHAEL C NAME NAME 1714 CHANDELIER CIR. EAST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition SCHAUDEL, JAMES F NAME NAME 5954 KRAMER DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE-FL=32216 CITY-ST-ZIP CITY-ST-ZIP== TITLE ☐ Delete TITLE Сhange ☐ 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-ZIE Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #