2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029349

Apr 19, 2001 8:00 am Secretary of State MUSIC DEPOT OF JACKSONVILLE, INC. 4-19-2001 90302 019 ***150.00 Principal Place of Business Mailing Address 5950-1 RAMONA BLVD 5950-1 RAMONA BLVD JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 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 59-3014405 59-301440 Not Applicable Zip 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 DYAL, PAUL B Street Address (P.O. Box Number is Not Acceptable) 6858 OLD KINGS RD. N. JACKSONVILLE FL 32219 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's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 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 MANOR ACCIDENT C.G. O. TITLE TITLE Delete ☐ Addition DYAL, DARRIN B NAME NAME PAUL B. DYAL 6350 OLD KINGS RD N. STREET ADDRESS 6350 OLD KINGO Rd. N. STREE! ADDRESS TACKSONVILLE PLAS JENIOR VICE MUSIDENT SHAWN B. DYAL 6330 OLD KINGS RA.N. JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-7IP SVP Delete TITLE TITLE ☑ Change ☐ Addition DYAL, SHAWN B NAME NAME 6350 OLD KINGS RD N. STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32254 TACKSONNUT, FLA. 32 CITY-ST-ZIP ST NCG PRESIDEN TITLE Delete TITLE Change ☐ Addition DYAL, PAUL NAME DARRIN B DYAC NAME 6858 OLD KINES RD N STREET ADDRESS STREET ADDRESS 6318 040 KINES Rd. N. CITY-ST-ZIP JACKSONVILLE FL 32219 CITY-ST-ZIP TACKSONVILLE FLA. 3225 TITLE Delete TITLE VICE PROSIDENT-SEC. TRES. Change ☐ Addition DYAL, PAUL B NAME NAME DUNALD GARICCIA 10851 COCORADE SPORTS STREET ADDRESS 6856 OLD KINGS RD. N. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32219 CHTY-ST-ZIP JAKKSON VILLE, FLA. TITLE Delete TITL F Change Addition HAQICCIA, DONALD NAME 10851 COLORADO SPRINGS AVE. STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

JACKSONVILLE FL 32219

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

■ Addition

FILED

CR2E034 (10/00