## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 04, 2000 8:00 am Secretary of State DOCUMENT # P96000092130 1. Entity Name THE COMPACT DISC CORPORATION OF AMERICA 04-04-2000 90052 025 \*\*\*158.75 Principal Place of Business Mailing Address 2717 SEVILLE BLVD. #14207 2717 SEVILLE BLVD. #14207 CLEARWATER FL 34624 CLEARWATER FL 33764-1171 632876 2. Principal Place of Business 3. Mailing Address 2717 Seville Blud. 2717 Seville Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 6105 6105 Applied For City & State City & State 4. FEI Number 59-3414788 Clearwater Not Applicable Country Pinelles \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOXX. ALAN J Street Address (P.O. Box Number is Not Acceptable) 2717 SEVILLE BLVD. #14207 2717 Seville Blud. \$6105 **CLEARWATER FL 34624** Clearwater 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 Alan J. FOXX, CEO and President FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEO and President Change ☐ Addition CE<sub>0</sub> ☐ Delete TITLE TITLE Foxx, Alan 2717 Seville Blud. \*6105 FOXX, ALAN NAME 2717 SEVEILE BLVD #14207 6 105 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL Clearwater FC 33764 Delete TITLE ☐ Change ☐ Addition TITLE SCHOENBERGER, JULIE NAME NAME STREET ADDRESS STREET ADDRESS 2717 SEVILLE #14207 CITY-ST-ZIP CITY-ST-ZIF CLEARWATER FL 33764 Change Change ☐ Addition ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition