2000 UNIFORM BUSINESS REPORT, (UBR) FILED DOCUMENT # P97000001869 May 21, 2000 8:00 am 1. Entity Name Secretary of State Roussin Music, Inc. 05-21-2000 90010 036 ***150.00 Principal Place of Business Mailing Address 1211 Semoran Blvd. 1211 Semoran Blvd. Suite 171 Suite 171 00047219 Casselberry, FL 32707 Casselberry, FL 32707 2. Principal Place of Business 250 County Road 427 S. Mailing Address 250 County Road 427 S. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 106 Suite 106 4. FEI Number 59-3424463 Applied For City & State City & State Not Applicable Longwood, FL3 Longwood, FL \$8.75 Additional OSA ^Z327/50 USA 32750 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent John M. Campbell John M. Campbell Street Address (P.O. Box Number is Not Acceptable) 1211 Semoran Blvd, Ste 171 250 County Road 427 South Casselberry, Florida 32707 Suite 106 Zip Code 32750 City Longwood med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. President, Secretary & Treasurer President, Secretary & Treasurer TITLE TITLE Michael R. Roussin NAME Michael R. Roussin NAME STREET ADDRESS STREET ADDRESS 1211 Semoran Blvd, Suite 171 250 County Road 427 South, Suite 106 CITY-ST-7IP CITY-ST-ZIP Casselberry, FL 32707 Longwood, FL 32750 Change ☐ Addition Delete TITLE TITLE NAME 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-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Michael R. Roussin, April 25, 2000 SIGNATURE AND TYPED OF PRINTED MAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: