2000 UNIFORM BUSINESS REPORT (URR) FILED **DOCUMENT #** Apr 26, 2000 8:00 am Secretary of State Wild Artist Music, Inc. 04-26-2000 90044 022 ***158.75 Mailing Address Alton Rd. Ste 365 Principal Place of Business 420 Lincoln Rd #205 Miami Beach, FL Miami Beach, FL 720350 33139 2. Principal Place of Busines Mailing Address 420 Lincoln Rd Suite, Apt. #, etc. 2.05 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65073386 Miami Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Adam Ray 1524 Meridian Ave #11 Miami Beach, FL 33139 City 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 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Vice President ☐ Change ☐ Delete TITLE President TITLE Clark Abbott 1524 Meridian Ave. #11 Adam Ray 1524 Meridian Ave #11 Miami Beach, FL 33139 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami Beach, FL 33139 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI E 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 13. 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. SIGNATURE: SIGNING OFFICER OR DIRECTOR