2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

DOCUMENT # P97000080876 May 05, 2000 8:00 am Secretary of State 1. Entity Name **RAVEN MUSIC, INC.** 05-05-2000 90088 047 ***150.00 Principal Place of Business Mailing Address 9803 3RD AVENUE 9803 3RD AVENUE ORLANDO FL 32824-7220 ORLANDO FL 32824 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3471531 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALENTINE, C.H. Street Address (P.O. Box Number is Not Acceptable) 9803 3RD AVENUE ORLANDO FL 32824 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DS Addition Change TITLE TITLE ☐ Delete VALENTINE, C.H. DEFOSSE, JEFF NAME NAME 9803 3RD AVENUE STREET ADDRESS STREET ADDRESS 2620 LASER COURT CITY-ST-7IP ORLANDO FL 32824 CITY-ST-ZIP ORLANDO, FL 32826 Change ☐ Addition ☐ Detete TITLE DIDE RAUCHWARG, JAY NAME NAME 8770 FOLEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-7IP ☐ Change Addition TITLE TITI F ☐ Delete CARPENTER, NEIL NAME NAME 1084 DELTONA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA FL 32725 CITY-ST-7IP ☐ Addition Delete TITLE Change TITLE MURRAY, JOHN NAME NAME 2203 SMATHERS CIRCLE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 sugnemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

RAUCHWARG 4/24/00 407 678 0600

withall other like empowered.