FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 18, 2001 8:00 am Secretary of State DOCUMENT # P97000080876 1. Entity Name 07-18-2001 90262 044 ***550.00 RAVEN MUSIC, INC. Principal Place of Business Mailing Address 9803 3RD AVENUE 9803 3RD AVENUE enn73757 ORLANDO FL 32824 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3471531 Not Applicable Zip ~ Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 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 Zip Code FL 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. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP Addition TITLE TITLE Delete DEFOSSE JEFF PRIVE SHOULD NAME VALENTINE, C.H. NAME HAVE JHO STREET ADDRESS STREET ADDRESS 9803 3RD AVENUE CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP 142 DT Addition TITLE ☐ Delete TITLE RAUCHWARG, JAY NAME NAME STREET ADDRESS 8770 FOLEY DRIVE STREET ADDRESS CITY-ST-ZIP _ CITY-ST-ZIP ORLANDO-FL 32825 ---TITLE Delete TITLE ☐ Change ☐ Addition CARPENTER, NEIL NAME NAME STREET ADDRESS STREET ADDRESS 1084 DELTONA BLVD CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition 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 suppliemental 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 employered 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.

JAY RAUCHWARE