2000 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P97000081431 UPPER ROOM RECORDING, INC. 04-25-2000 90088 020 ***158.75 Principal Place of Business Mailing Address 2200 NORTH FEDERAL HIGHWAY #221 2200 NORTH FEDERAL HIGHWAY #221 BOCA RATON FL:33431-7741 BOCA RATON FL 33431 1/2 - - -3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0798272 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BACZEWSKI TEDESCO, ROY S ESQ Address (P.O. Box Number is No. Acceptable) 980 NORTH FEDERAL HIGHWAY SUITE 302 BOCA RATON FL-33432 33432 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 (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 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 12. 11. Change ☐ Addition TITLE □ Delete TITLE BACZEWSKI, CHRIS NAME 401 NE Mizner Blvd #T-706 STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY #221 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** Change ☐ Addition TITLE ☐ Delete BACZEWSKI, DAWN NAME NAME 401 NE MIZNER BIVA # T-706 STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY #221 STREET ADDRESS CITY-ST-ZIP boca Ration, FL 33432 **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 trusted 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.

NAME OF SIGNING OFFICER OR DIRECTOR