|   | PLEA                      | SE READ A                                  | ALL INST                              | RUCTIONS  | S BEFORE (   | COMPLET  | ING THIS FORM.  |                     |  |
|---|---------------------------|--|---------------------------------------|---|--|--|---|---------------------|--|
| APPLICATION FLORIDA   |                           |  |                                       | A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State vision of corporations |  |  |   |                     |  |
| DOCUMENT # P97000090306  1. Corporation Name  |                           |  |                                       |   |  | 99 SEP - 1 PM 2: 07  |   |                     |  |
| MDM N   | MUSIC INC.                |  |                                       |   |  | SECRETAL   | Y OF SIATE  |                     |  |
| Principal Place of Business Malling Addr  |                           |  |                                       | TA\   |  | TALLAHASS  | SEE, FLORIDA  |                     |  |
|   |                           |  | 13148 W DIXIE HWY<br>N MIAMI FL 33161 |   |  | I DOUBLE HE HAN HAN HAN DAN WAN HAN MAN DISTO HAN DOUBLE HOUSE           |   |                     |  |
| If above addresses are incorrect in any way, line through incorrect information   |                           |  |                                       |   | r correction below   | HEINS  | TATEMENT  | 98-99               |  |
|   | norpal Office Address, It |  |                                       | New Mailing Office Address, If Applicable   |  |  | Date incorporated or Qualified     To Do Business in Florids  |                     |  |
| Suite, Apt. #, etc.   |                           |  | Suite, Apt. #,                        | etc.  |  | 10/20/1997  5. FEI Number Applied For                                    |   |                     |  |
| City & State  Zip Country   |                           |  | City & State  Zip Country             |   | ·tn.   | 6. 5-079802 O Not Applicable  8. \$3.75 Additional Fice required         |   |                     |  |
|   |                           |  |                                       |   | CERTIFICATE OF STATUS DESIRED (for a Certificate of Status |  |   |                     |  |
| 7. Names and Street Addresses of Each Officer and/or Directors Title(s) Name of Officers and/or Directors   |                           |  | X DIRECTOR (FIX                       | Street Address of Ea<br>Officer and/or Direct                                     |  | ch<br>or   | City / State /  | Zip                 |  |
| PD ·  |                           |  |                                       | 3 (Do NOT Use Post Office Box I   |  | lumbers)   | N MIAM FL 03161   |                     |  |
| PD  | IsraeL                    | mat  | hias                                  | 4683  | N.W. 5   | s hear   | coral springs,  | FL 33067            |  |
| VPD ISAIE MATHIAS   |                           |  |                                       | 104 N.E. 69 street  |  | streg  | MIAMI, 5 W  | 33/38               |  |
| tD Samuel DArsonz   |                           |  | 5mZe                                  | 82 N.E. 68 terr   |  |  | MIAMI, Silu   | 33138               |  |
|   |                           |  |                                       |   |  | 8  | 000029830   | )181                |  |
|   |                           |  |                                       |   |  | -09/09/99010/6011<br>****408.75 ****408.75                               |   |                     |  |
| 8. Name and Address of Current Registered Agent Name  |                           |  |                                       |   |  | 9. Name and Address of New Registered Agent                              |   |                     |  |
| MATINIC ANDRES  |                           |  |                                       |   |  | I Stall Mathias  Brown of Acceptable)  West Dixie 2009                   |   |                     |  |
| 13148 W DIXIE HWY   |                           |  |                                       |   |  | 13148 West Dixie 2407  |   |                     |  |
| City  |                           |  |                                       |   |  | *****50000298311181 0<br>-09/09/793010/8012<br>*****500298 24.64**500.00 |   |                     |  |
| 10. I, being  | appointed the register    | ed agent of the abo                        | named corpo                           | oration, am familiar  | with and accept the  | obligations of Sact  | on 607.0505, F.S.   | 3101                |  |
| Signature o<br>Respiratered   |                           | say RE                                     | M<br>GISTERED AG                      | Whio<br>ENT MUST SIGN   | <u>a</u>   | <del></del>  | Date 8-27-  | 99                  |  |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No   (See other side by information on integration of the current year.) |                           |  |                                       |   |  |  |   |                     |  |
| this rein   | statement application, t  | he reason for disso<br>seen paid and the r | lution has been<br>ames of Individ    | eliminated, the cor<br>luals listed on this f                                     | porate name satisfie<br>orm do not qualify fo              | s the requirements<br>r an exemption un                                  | opter 607 or 617, F.S. i further cert<br>of section 607.0401 or 617.0401,<br>der section 119.07(3)(i), F.S. The i | F.S., that all fees |  |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dele Daytime Phone #  |                           |  |                                       |   |  |  |   |                     |  |