## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P97000096171 1. Entity Name FAITH OUT LOUD MUSIC, INC. 04-18-2000 90057 040 \*\*\*150.00 Mailing Address Principal Place of Business 2203 DEARBORN DR 2203 DEARBORN DR NASHVILLE TN 37214-1910 NASHVILLE TN 37214 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0799727 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEETHAM, EDWARD Street Address (P.O. Box Number is Not Acceptable) 3034 59TH ST SARASOTA FL 34243 Zip Code 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. and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 M (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition Delete TITLE CHEETHAM, EDWARD NAME NAME 3034 59TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34243 T Change Addition ☐ Delete TITLE TITLE FRANCIS, FREDERICK NAME NAME STREET ADDRESS PO BOX 9446 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34206** Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete **FITLE** TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 appears with all other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

615-902-0504

Daytime Phone #