2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700098649 Mar 29, 2000 8:00 am **Secretary of State** GOLDTONE MUSIC AND GAMES, INC. 03-29-2000 90079 046 ***150.00 Mailing Address Principal Place of Business 8251 15TH ST E 8251 15TH ST E UNIT L UNIT L SARASOTA FL 34243 SARASOTA FL 34243-2799 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FÉI Number Applied For City & State City & State 65-0795774 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEPBURN, SCOTT Street Address (P.O. Box Number is Not Acceptable) 8251 15TH ST., EAST UNIT L SARASOTA FL 34243 Zip Code City 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE TITLE HEPBURN, SCOTT NAME NAME 6240 26TH ST. WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34207 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE arch, John NAME NAME STREET ADDRESS 3119 LONG RIFLE DR. STREET ADDRESS WIMAUMA FL 33598 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BENKHARDT, CYNTHIA NAME NAME STREET ADDRESS 3223 3RD ST W #3 STREET ADDRESS **BRADENTON FL-34205** CITY-ST-ZIP-CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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