FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P97000098649 1. Entity Name GOLDTONE MUSIC AND GAMES, INC. 04-17-2001 90096 033 ***150.00 Principal Place of Business Mailing Address 8251 15TH ST E 8251 15TH ST E LINIT L UNIT L SARASOTA FL 34243 SARASOTA FL 34243 US บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0795774 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEPBURN, SCOTT Street Address (P.O. Box Number is Not Acceptable) 8251 15TH ST., EAST UNIT L SARASOTA FL 34243 City 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. SIGNATURE Signature, typed or printed name of registered agent 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Addition TITLE Delete ☐ Change HEPBURN, SCOTT NAME NAMÉ STREET ADDRESS STREET ADDRESS 6240 26TH ST. WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** TITLE Delete ☐ Change Addition NAME NAME ARCH, JOHN STREET ADDRESS STREET ADDRESS 3119 LONG RIFLE DR. CITY-ST-ZIP CITY-ST-ZIP WIMAUMA FL 33598 TITLE DTS Delete ☐ Addition Benkhardt, Cynthia 4BOBA 18th ST. W NAME BENKHARDT, CYNTHIA STREET ADDRESS STREET ADDRESS 3223 3RD ST W #3 CITY-ST-ZIP CITY-ST-ZIP Bradenton, Fl. 34207 **BRADENTON FL 34205** Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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: Cynthia Bonkhardt / Cynthia Bonkhardt 4/11/01 941-753-5378