## FILED Jan 27, 2003 8:00 am

2003	<b>FOR</b>	<b>PROFIT</b>	CORF	ORAT	<b>TION</b>
UNIFO	RM B	USINES	S REP	ORT (	(UBR)

SIGNATURE  FILE NOW!!! FEE IS \$150.00 After Mey 1, 2003 Fee will be \$550.00 Make Check Payable to Floridab Department of State  10.	DOCUMENT # P98000100572  1. Entity Name TRIBE MUSIC GROUP CORPORATION					Secretary of State 01-27-2003 90547 044 ***150.00				
Sure. Apt. # oto   Sure. Address of New Registered Agent   Name   Name   Sure. Address of New Registered Agent   Sure. Address (PO. Box Number is No. Acceptable)   Sure. Acceptable (PO. Box Number is No. Acceptable (PO. Box Number is No. Acceptable)   Sure. Acceptable (PO. Box Number is No. Acceptable)   Sure. Acceptable (PO. Box Number is No. Acceptable (PO. Box Number is No. Acceptable (PO. Box Number	7601 FOREST CITY RD P.O. BOX 608607		P.O. BOX 608607			7 	A 1840 BOLO BON IDOO XAN AND			
City & State    City & State   City & State   City & State   A. FEI Number 59-3562678   Applicable for Deck Have in MARING CHANGES   Zip	Principal Place of Business     3. Mailing Address		3. Mailing Address			<del> </del>	<b>                                    </b>			
Section   Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
S. Cerrificate of Status Desired   Fee Required   F	City & State		City & State			4. FEI Number 59-3562678	<del>  </del>			
WILLIAMS, SUSAN J P.A.  \$200 S.O. U.S. HWY.17-92 CASSELBERRY FL FL327-07  City  FL Zip Code  8. The above remarkd entity submits lihis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State    Signature Plants   Pla	Zip :			Country		5. Certificate of Status Desired				
WILLIAMS, SUSAN J P.A.  5200 SO. U.S. HWY.1792 CASSELBERRY FL F1327-07  City FL 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITTLE  NOME  BPO  BROWN, CLINT S  BROWN, ANGELA S  SIRET ADDRESS  CITY-S1-2P  ALTAMONITE SPRINGS FL 32714  TILE  MAKE  BROWN, ANGELA S  SIRET ADDRESS  CITY-S1-2P  LONGWOOD FL 32771  TILE  BROWN, ANGELA S  SIRET ADDRESS  CITY-S1-2P  ALTAMONITE SPRINGS FL 32714  TILE  BROWN, ANGELA S  SIRET ADDRESS  CITY-S1-2P  LONGWOOD FL 32771  TILE  BROWN, ANGELA S  SIRET ADDRESS  CITY-S1-2P  LONGWOOD FL 32771  TILE  BROWN, ANGELA S  SIRET ADDRESS  CITY-S1-2P  LONGWOOD FL 32771  TILE  MAKE  BROWN, ANGELA S  SIRET ADDRESS  CITY-S1-2P  LONGWOOD FL 32771  TILE  MAKE  BROWN, ANGELA S  SIRET ADDRESS  CITY-S1-2P  LONGWOOD FL 32771  TILE  MAKE  BROWN, ANGELA S  SIRET ADDRESS  CITY-S1-2P  CITY-S1-2P  COA'RS BROWN  SIRET ADDRESS  CITY-S1-2P  CITY-S1-2P  CACHES BROWN  CITY-S1-2P  CACHES		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered	Agent			
CASSELBERRY FL FL327-07  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the principle of the principle of the familiar with, and accept the obligation of the principle of the princi	·				<u> </u>	Address (P.O. Box Number is Not Acceptable)				
Entre above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE										
B. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Signiture, typical or private name of registered agent and title if applicable.  NOTE: Registered Agent signature required when rentating)  DATE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  BROWN, CLIN S  BROWN, CLIN S  BROWN, CLIN S  BROWN, CLIN S  SIREET ADDRESS  CITY-S1-2P  TITLE  Deelee  TITLE  Charks & Crown  Charge Declared Agent or restation of required when restation of required when restation of the part of required when restation of required when restation of required when restation of the part of required when restation of required when restation of required when restation of the part of required when restation of required when restation of Trust Fund Contribution.  TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11  TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11  Delete	CASSELB	ERRY FL FL327-07								
SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.				Cit	у	FI	Zip Code			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE BROWN, CLINT S 1906 OAKBROOK DR CITY-ST-2P LONGWOOD FL 32771  TITLE BAUM, TERRY D STREET ADDRESS CITY-ST-2P ALTAMONTE SPRINGS FL 32714  TITLE BROWN, ANGELA S STREET ADDRESS CITY-ST-2P ALTAMONTE SPRINGS FL 32714  TITLE BROWN, ANGELA S STREET ADDRESS CITY-ST-2P CITY-ST-	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. I am familiar with, and accept the obligations of registered agent.									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .		·		<u></u>					
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.		Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent	signature required	when reinstating) DATE	<u></u> -			
TITLE PD BAUM, CLINT S STREET ADDRESS CITY-ST-ZIP CONGWOOD FL 32771  TITLE TD BAUM, TERRY D SIREET ADDRESS CITY-ST-ZIP CONGWOOD FL 32771  TITLE SPECIAL PRINCE CLUB DR ALTAMONTE SPRINGS FL 32714  TITLE SPRING CLUB DR CHARGE STREET ADDRESS STREET AD	After	May 1, 2003 Fee will be \$550.00	State			_ · · · · · · · · · · · · · · · · · · ·				
Delete   D	10.		L	11.		ADDITIONS/CHANGES TO DESICERS AN	ID DIRECTORS IN 11			
1906 OAKBROOK DR   STREET ADDRESS   CITY-ST-ZIP   Change   Addition	TITLE	<u></u>				, , , , , , , , , , , , , , , , , , ,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE BAUM, TERRY D STREET ADDRESS CITY-ST-ZIP TITLE BAUM, DEBRA A STREET ADDRESS CITY-ST-ZIP TITLE BAUM, DEBRA A STREET ADDRESS CITY-ST-ZIP TITLE BAUM, DEBRA A STREET ADDRESS CITY-ST-ZIP TITLE SD BROWN, ANGELA S STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD	NAME STREET ADDRESS	1906 OÁKBROOK DR	-	STREET ADD						
NAME SITRET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ALTAMONTE SPRINGS FL 32714  TITLE SD BROWN, ANGELA S 1906 OAKBROOK DR CITY-ST-ZIP  TITLE NAME STREET ADDRESS 1906 OAKBROOK DR CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  Charks Brown LAKE Rd. Charge Addition Charge Charge Addition Charge Char	CITY-ST-ZIP			CITY-ST-ZIF	<u>'                                    </u>					
CITY-ST-ZIP  ALTAMONTE SPRINGS FL 32714  CITY-ST-ZIP  TITLE  TD  BAUM, DEBRA A  512 SPRING CLUB DR  ALTAMONTE SPRINGS FL 32714  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD  BROWN, ANGELA S  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  Addition	TITLE NAME	BAUM, TERRY D	☐ Delete	NAME			☐ Change ☐ Addition			
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NAME STREET ADDRESS CITY-ST-ZIP  Delete  NAME  Chorks Brown 1405 Ruppert Lake Rd. CITY-ST-ZIP  Funice 1A 70535-9519  Change Addition NAME		LONGWOOD FL 32771		<del>}</del>			<u></u>			
STREET ADDRESS   1405 Ruppert Lake Rd.  CITY-ST-ZIP	TITLE		∟ Delete		Char	rks Rrows	☐ Change ☐ Addition			
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	TITLE		☐ Delete	TITLE						
STREET ADDRESS   STREET ADDRESS	NAME STREET ADDRESS				ness					

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addiress, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP