2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 26, 2000 8:00 am Secretary of State DOCUMENT # **P99000003830** MUSIC AUDIO COMPANY 05-26-2000 90094 045 ***150.00 Principal Place of Business Mailing Address 2176 SE 17TH STREET 2176 SE 17TH STREET FT. LAUDERDALE FL 33316-3104 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address _Suite, Apt..#, etc. ___DO NOT WRITE IN THIS SPACE Suite Apt # etc ._ ... City & State 4. FEI Number Applied For City & State Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARMSTRONG, WILLIAM H JR. Street Address (P.O. Box Number is Not Acceptable) 2176 SE 17TH STREET FT. LAUDERDALE FL 33316 Mar Salter Bridge Zip Code 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. (NOTE: Registered Agent signature required when reinstating) مورية FILE NOW!!!:FEE IS \$150,00 9. This corporation is eligible to satisfy its intangible. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ARMSTRON, WILLIAM H JR. NAME NAME STREET ADDRESS 2176 SE 17TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Change ☐ Addition TITLE ☐ Delete TITLE a portant to the state of NAME NAME 4 7 11 27 13 STREET ADDRESS STREET ADDRESS 网络经验的 计通识 CITY-ST-ZIP CITY-ST-ZIP ' -' Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete . . TITLE. 3, 3.13 2,5% NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sindicated 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 of 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 chaptered or one attemptor with all great like productors. changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

Date