FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P99000006481** 03-23-2000 90007 039 ***150.00 GRUVHIP MUSIC WORKS, INC. Mailing Address Principal Place of Business 1273 PALM BLUFF DRIVE 1273 PALM BLUFF DRIVE APOPKA FL 32712-2470 APOPKA FL 32712 628812 2. Principal Place of Business 3. Mailing Address 🔔 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 3630437 City & State City & State Zip Country Ζĺρ 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 CORDES, KEN Street Address (P.O. Box Number is Not Acceptable) 1273 PALM BLUFF DRIVE APOPKA FL 32712 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) 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition D ☐ Delete TITLE Change TITLE NAME CORDES, KEN NAME STREET ADDRESS 1273 PALM BLUFF DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 Change Addition 🔲 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 filling 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. CHAINDON THE SIGNATURE:

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR