2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000013432** Apr 07, 2000 8:00 am Secretary of State THE MUSIC OF FREEDOM, INC. 04-07-2000 90019 009 ***150.00 Principal Place of Business Mailing Address 30 ORANGE TREE CIRCLE 30 ORANGE TREE CIRCLE WINTER GARDEN FL 34787-3822 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-3562872 Applied For City & State City & State 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 THORNTON, MARY Street Address (P.O. Box Number is Not Acceptable) 30 ORANGE TREE CIRCLE WINTER GARDEN FL 34787 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) DATE 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 OFFICERS AND DIRECTORS 11. Addition DANTEL R. THORNTON 30 ORANGETREE CER. ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS WINTERGARDEN, FL 34787 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MARY A.W. THORNTON TITLE NAME NAME 30 ORANGE TREE CIR. STREET ADDRESS STREET ADDRESS WERNTER GARDEN, FL 34787 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE BUD HERINGER NAME NAME 230 VARSITY CIR. STREET ADDRESS STREET ADDRESS ALTAMONTES PRZUGS, FL 32714 CITY-ST-ZIP CITY-ST-ZIP JINHOWE Change Addition ☐ Delete TITLE TITLE NAME 518 TEBERON COVE DR. NAME STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ 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 are 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.