2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900052087 May 26, 2000 8:00 am Secretary of State DIGITAL MELODIES INC. 05-26-2000 90040 022 ***150.00 Principal Place of Business Mailing Address 8743 HUNTFIELD ST. 8743 HUNTFIELD ST. TAMPA FL 33635-1519 TAMPA FL 33625 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 35790*56* Not Applicable Zip Country \$8.75 Additional Country Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUTHU KUMAR. SUBRAMANIAN Street Address (P.O. Box Number is Not Acceptable) 8743 HUNTFIELD ST. TAMPA FL 33625 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change ☐ Addition DIRECTOR TITLE TITLE SUBRAMANIAN MUTHU KUMAR NAME NAME 8743 HUNTFIELD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL-33635 TAMPA Change ☐ Addition ☐ Delete DIRECTOR TITLE NAME LATA KUMAR NAME 8743 HUNTFIELD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change □ Addition □ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SUBRAMANIAN M KUMAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/06/2001

(813) 878-6253

Daytime Phone #