 Entity Name 	MIEN I # PYYUUUU MUSIC CORPORATION	334KN		,			etary	ED 000 83 7 of S	tate
Principal Place of Business Mailing Address					-	01 21 2	2000 2010	.0 000 1	50.00
DRLANDO FL 32832		13140 LAKE MARY JANE ROAD ORLANDO FL 32832-6417 3. Mailing Address Suite, Apt. #, etc.			W	DO NOT WRITE IN THIS SPACE 59-36283			
City & State		City & State			4. f	El Number			lied For Applicable
Zip	Country	Zip .	Coun	try	5. (Certificate of Status Desired		\$8.75 Addit	ional
	8. Name and Address of Current I	Registered Agent			7. 1	tame and Address of New	Registered	Agent	
1314	NK, M.J. 10 LAKE MARY JANE ROAD ANDO FL 32832	•		Name Street Addre	ss (P.O. B	ox Number is Not Acceptab	nie)	·	
J., J									
3. The above	named entity submits this statement for	the purpose of changing its	register	City ed office or regi	stered ag	ent, or both, in the State of I	FL Florida.	Zip Code	
SIGNATURE 9. This corpo Tax filing r	Signature, typed or printed name of registered agent a oration is eligible to satisfy its Intangible requirement and elects to do so.	nd life if applicable. (NOT FILE NOW After MAY 1, 20	E: Registers	ed office or regional Agent signature required S \$150.00 willi be \$550.0	puired when n		Florida. DATE Financing	\$5.00	May Be to Fees
SIGNATURE . 9. This corporate filing in (See criter)	Signature, typed or printed name of registered agent a oration is eligible to satisfy its Intangible requirement and elects to do so.	nd trie if applicable. (NOT FILE NOW After MAY 1, 20 Make Check Payal	E: Registers I!! FEE 000 Fee ole to D	ed office or regions of Agent signature required in the State of the S	when re	10. Election Campaign Trust Fund Contribut	DATE Financing	\$5.00 Added) May Be to Fees
9. This corporate filing in the content of the cont	Signature, typed or printed name of registered agent a contation is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND PD FRANK, M.J. 13140 LAKE MARY JANE ROAD	nd trie if applicable. (NOT FILE NOW After MAY 1, 20 Make Check Payal	E: Registero	ed office or regions of Apent signature required in S \$150.00 willing the \$550.00 epartment of the state of t	when re	instating) 10. Election Campalgn	DATE Financing	\$5.00 Added	May Be to Fees IN 11 Addition
9. This corpx Tax filing I (See criter 11. TITLE NAME SCITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registared agent a contation is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND PD FRANK, M.J. 13140 LAKE MARY JANE ROAD ORLANDO FL 32832 VPD FRANK-PAXSON, SONJA 13140 LAKE MARY JANE ROAD	rid title if applicable. (NOT FILE NOW After MAY 1, 20 Make Check Payal DIRECTORS	E Registers III FEE 1000 Fee 112 IIII HAN STE	ad Office or regions of Agent atymature regions of 150.00 will be \$550.0 epartment of 150.00 to	when re	10. Election Campaign Trust Fund Contribut	DATE Financing	\$5.00 Added) May Be to Fees
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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

TITLE NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Addition

Change