2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am DOCUMENT # P99000069949 Secretary of State ACOSSI RECORDS INC. 05-03-2001 90053 042 ***150.00 Principal Place of Business ---- Mailing Address 6960 N.W. 174TH TERR 6960 N.W. 174TH TERR **UNIT 710 UNIT 710** MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0943150 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAUTHIER, GERALD Street Address (P.O. Box Number is Not Acceptable) 6960 N.W. 174TH TERR **UNIT 710** MIAMI FL 33015 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LACOSSE, NATASHA 960 NW 174 th terr Unit 710 STREET ADDRESS STREET ADDRESS 6960 N.W. 174TH TERR Mami Fl CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 Change ☐ Delete TITLE TITLE Desdunes, Sebastian NAME NAME DESDUNES, SEBASTIAN STREET ADDRESS STREET ADDRESS 6960 N.W. 174TH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 imai Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME GAUTHIER, GERALD STREET ADDRESS STREET ADDRESS 6960 N.W. 174TH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE □ Change □ Addition 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 the 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

GERALD P. GAUTHIER

4/26/0/ Dystime Phone CR2E034 (10/00)

FILED