2001 UNIFORM BUSINESS REPORT (UBR)         OPENCIONAL STREED         DOCUMENT # PARCOCADDUS         Approved         Approved         Clobal Rhythm, Inc.         Principal Place of Business         I Do Do I DEC 10 PM 4: 25         Sechertary, OF STATE         Tai Ishassee FL         Tai Ishassee FL         Suite, Apt. #, etc.         Clip A State         A state         Clip A State         A state Clip A State         A State Clip A State         Clip A State Clip A
DOCUMENT # proceedabolis       APPROVED AND FILED         Clobal Rhythm, Inc.       Maiing Address         Maiing Address       Maiing Address         IO26 N. Monroe St.       PO Box 180435         Tai Jahassee FL 32303       32318-0435         2. Maiing Address       3. Maiing Address         1026 N. Monroe St.       PO Box 180435         Tai Jahassee FL 32303       32318-0435         Suite, Ar. etc.       Suite, Apt. #. etc.         Chy & State       Suite, Apt. #. etc.         Chy & State       Country State         Tai Jahassee FL 32303       Suite, Apt. #. etc.         Chy & State       Country State         Tai Jahassee FL 32303       Suite, Apt. #. etc.         Chy & State       Country State         Tai Jahassee FL 32303       Suite, Apt. #. etc.         Chy & State       Country State         Tai Jahassee FL 32303       Country State         Chy & State       Name and Address of Current Registered Agent         Davoli, Kabren Brown Per Box 180435       Norther Markes (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         Steet Address (P.O. Box Number is Not Acceptable)       City         City       FL       Zip Code         8. The above n
GLODAL Rhythm, Inc.       Mailing Address         Principal Place of Business       Mailing Address         IOZL N. Monrue St.       PO Box 180435         Tai Jahassee FL       Tai Jahassee FL         32303       32318-0435         2. Principal Place of Business       3. Mailing Address         3. Mailing Address       3. Mailing Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Curruty       Suite, Apt. #, etc.         Country       Suite, Apt. #, etc.         Davoli, Kaaren Brown       Suite, Apt. #, etc.         Davoli, Kaaren Brown       Name         Po Box 180435       Other Mediress (PO. Box Number is Not Acceptable)         Street Address (PO. Box Number is Not Acceptable)
Filed         Global Rhythm, Inc.         Principal Place of Business         IO26 N. Monrole St.         PO Box 180435         Tai Jahassel FL         32303         32318-0435         Control Colspan="2">Suffer April 4: 25         Suffer April 4: 25         Suffer April 4: 25         Suffer April 4: 4: 6:         Control Colspan="2">Suffer April 4: 4: 6:         Control
Principal Place of Business       Mailing Address         IOZLG N. Monrole St.       PO Box 180435         Tai I ahassele FL       32318-0435         2. Principal Place of Business       3. Mailing Address         2. Principal Place of Business       3. Mailing Address         3. Mailing Address       900004 73998995         -12/26/0101103014         Mainey Address       900004 73998995         -12/26/0101103014         Mainey Address       180435         Suite, Apt #, etc.       Suite, Apt #, etc.         City & State       City & State         Tai I ahassee       R. 3238-0455         Suite, Apt #, etc.       Suite, Apt #, etc.         City & State       Country         Zip       Country         32303       Down         Suite, Apt #, etc.       Scertificate of Status Desired         Fee Required       \$. Certificate of Status Desired         State       Tai I ahassee       Tai Babassee         Country       Zip       Country         State       Tai Babassee       Tai Babassee         Babassee       Fee Required         Street Address of New Registered Agent       Name         Davoli, Kaaren Brown       Street Address (P.O. Box
Principal Place of Business       Mailing Address         IOZLo N. Monrole St.       PO Box 180435         Tai I ahassele FL       32318-0435         2. Principal Place of Business       3. Mailing Address         2. Principal Place of Business       3. Mailing Address         3. Mailing Address       900004 73998995         -12/26/0101103014         Mainey Address       900004 73998995         -12/26/0101103014         Mainey Address       180435         Suite, Apt #, etc.       Suite, Apt #, etc.         City & State       City & State         City & State       Country         Zip       Zip         Zourney       Zip         Suite, Apt #, etc.       Country         Site, Apt #, etc.       State         City & State       Country         Zip       Zip         Zourney       Zip         Site, Apt #, etc.       Steel Address of New Registered Agent         Davou I, Kaaren Brown       Name         Davou J, Kaaren Brown       Street Address (P.O. Box Number is Not Acceptable)         Tai I ahassele FL 32318-0435       Street Address (P.O. Box Number is Not Acceptable)         Street Address of New Registered Agent       Street Address (P.O. Box Number is Not
IO26 N. Monrole St.       PO Box 180435 Tai Iahassele FL 32303       SECRETARY OF STATE Tai Iahassele FL 32318-0435         2. Principal Place of Business IO26 N. Monrole St.       3. Mailing Address PO Box 180435       SECRETARY OF STATE TAI LAHASSEE, FLORIDA, SUBJERT PO Box 180435         2. Principal Place of Business IO26 N. Monrole St.       3. Mailing Address PO Box 180435       SECRETARY OF STATE TAI LAHASSEE, FLORIDA, SUBJERT PO Box 180435         Subject N. Monrole St.       PO Box 180435       Subject PL       Subject PL         Subject N. Monrole St.       Subject PL       Subject PL       Number         Subject PL       Tai Iahassee FL 32318-0435       Secret FL       Maplied For Not Applicable         210       Country       Zip       Site Country       Secret Status Desired       Applied For Not Applicable         32303       USA       32318-0435       USA       Scart Status Desired       Secret Address of New Registered Agent         0300       Name and Address of Current Registered Agent       Name       Street Address of New Registered Agent       Street Address (PO. Box Number is Not Acceptable)         Tai Iahassele FL 32318-0435       O3       City       FL Zip Code         8. The above named splay submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida       Interview of Florida
Tai Jahassee FL       Tai Jahassee FL       SECHE IAH Or JINIA         32303       32318 · 0435       State         12/2 N. Monroel St.       Suite, Apt. #, etc.       Suite, Apt. #, etc.         Suite, Apt. #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       Country       Country         2/2 Joan       USA       22318 · 0435         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       Country         2/2 Joan       USA         3/2 Joan       USA
32303       32318-0935       9000047399895 -12/26/0101103014         2. Principal Place of Business       3. Mailing Address       -12/26/0101103014         Mailing Address       PO Box 180435       Suite, Apt. #. etc.       -12/26/0101103014         Suite, Apt. #. etc.       Suite, Apt. #. etc.       Suite, Apt. #. etc.       Applied For         City & State       City & State       -12/26/0101103014       Applied For         Applied For       Name and Address of Current Registered Agent       Not Applicable         Zip       Country       Zip       Country       State         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         Davoli, Kaaren Brown       Street Address (PO. Box Number is Not Acceptable)       Street Address (PO. Box Number is Not Acceptable)         City       FL       Zip Code         8. The above named agent submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Image: State of Florida.
2. Principal Place of Business       3. Mailing Address         1026 N. Monroll St.       PO Box 180435         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         12/203       Country         2203       USA         2303       USA         240       State         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         Name       Name         Davoli, Kaaren Brown       Street Address (P.O. Box Number is Not Acceptable)         7       Tailahaboxee FL       323/8-0435         03       City       FL         210       Country       Street Address (P.O. Box Number is Not Acceptable)         7       Name       Street Address (P.O. Box Number is Not Acceptable)         7       City       FL         210       Code         8. The above named bruik, submits this
1026 N. Monroel St.       Po Box 180435       *****61.25       *****61.25         Suite, Apt. #, etc.       Suite, Apt. #, etc.       Do Not Write in THIS SPACE         City & State       City & State       4. FEI Number       Applied For         Tailahabsee       FL       Tailahabsee       FL       32318-0435       Suite, Apt. #, etc.         City & State       Country       Zip       Country       Suite, Apt. #, etc.       Applied For         32303       USA       32318-0435       USA       5. Certificate of Status Desired       \$8.75       Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         Davoli, Kaaren Brown       Name       Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         8. The above named ensity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       In the State of Florida.       In the State of Florida.
City & State       City & State       4. FEI Number       Applied For         12112h20202 FL       13112h20202 FL       13112h20202 FL       1012h20202 FL
Tailahabee       FL       Tailahabsee       R. 32318 obts       593-199-350       Not Applicable         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Street Address of New Registered Agent         Davoli, Kaaren Brown       Name       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Tailahabsee       FL       32318 or 0435       O3       City       FL       Zip Code         8. The above namedeptity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Zip       Zip       Zip       Country       J       Zip       Country       S. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Required         0       Name       Name       Street Address (P.O. Box Number is Not Acceptable)         0       Name       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         0       03       City       FL       Zip Code         8. The above named aptity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Interview
32303       USA       B2318 · 0435       USA       Steel Address of Status Desired       Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         Davoli, Kaaren Brown       Name       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Tailahabselle FL       32318 · 0435       03       City       FL       Zip Code         8. The above named aptity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent       Davoli, Kaaren Brown     Name       Po Box 180135     IDUB N. NONVOL STREE       Tailahabbelle FL 32318-0135     Street Address (P.O. Box Number is Not Acceptable)       City     FL       Zip Code
City     FL     Zip Code      A. 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.
City     FL     Zip Code      A. 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.
City     FL     Zip Code      A. 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.
City     FL     Zip Code      A. 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.
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 12 5/01
Signature, upad or printed name of registered agent and tute II applicable. (NOTE: Registered Agent signature required when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible The NOWIN FEE IS \$150.00 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.       Added to Fees         (See criteria on back)       Make Check Payable to Department of State       Trust Fund Contribution.       Added to Fees
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Delete TITLE President Change Addition
NAME STREET ADDRESS JACQUELING F. Bigoney STREET ADDRESS Z723 Lucerne Drive
CITY-ST-ZIP TAILANASSEE FL 32303
TITLE Delete TITLE Director State Addition Brown Davoli
NAME Lagren brown Ugvoll Street address DO26 N. Monroe St.
CITY-ST-ZIP Tallahassee FL 32303
TITLE DIFECTOR Delete TITLE Change Addition NAME CHARIES DOVOL NAME STREET ADDRESS 14428 EAST FIDE AVE. STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP Baton Rouge LA 70817 CITY-ST-ZIP
NAME     Charles Dovou     NAME       STREET ADDRESS     14428     Eastridge Ave.     STREET ADDRESS       CITY-ST-ZIP     Baton Rouge LA 70817     CITY-ST-ZIP       TITLE     Delete     TITLE
NAME     Charles Davou     NAME       STREET ADDRESS     14428 Eastridge Ave.     STREET ADDRESS       CITY-ST-ZIP     Baton Rouge LA 70817     CITY-ST-ZIP       TITLE     Delete     TITLE
NAME     Charles Dovolu     NAME       STREET ADDRESS     14428 2035tridge Ave.     STREET ADDRESS       CITY-ST-ZIP     Baton Rouge LA 70817     CITY-ST-ZIP       TIRE     Delete     TITLE       NAME     NAME       STREET ADDRESS     CITY-ST-ZIP       CITY-ST-ZIP     CITY-ST-ZIP
NAME     Charles Dovolu     NAME       STREET ADDRESS     14428 26351ridge Ave.     STREET ADDRESS       CITY-st-zip     Baton Rouge LA 70817     CITY-st-zip       TITLE     Delete     TITLE       NAME     STREET ADDRESS     CITY-st-zip       CITY-st-zip     Delete     TITLE       NAME     STREET ADDRESS     CITY-st-zip       TITLE     Delete     TITLE       NAME     STREET ADDRESS     CITY-st-zip       CITY-st-zip     CITY-st-zip     CITY-st-zip
NAME     Charles Dovolu     NAME       STREET ADDRESS     14428     285tridge Ave.     STREET ADDRESS       CITY-st-zup     Baton Rouge LA 70817     CITY-st-zup       Title     Delete     TITLE       NAME     STREET ADDRESS     CITY-st-zup       CITY-st-zup     Delete     TITLE       NAME     STREET ADDRESS     CITY-st-zup       CITY-st-zup     Change     Addition
NAME     Charles Dovou     NAME       STREET ADDRESS     STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP     CITY-ST-ZIP
NAME       Charles Dovolu       NAME         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         CITY-ST-ZIP       Delete       TITLE         NAME       STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP       Addition         NAME       STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       TITLE       Change       Addition         TITLE       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       TITLE       Change       Addition         TITLE       De
NAME     Charles Dovou     NAME       STREET ADDRESS     STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP     CITY-ST-ZIP
NAME       Charles Donoly       NAME         STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS         LITY-ST-ZIP       Delete       TTLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         STREET ADDRESS       STREET ADDRESS       STREET ADD
NAME       Charles Douol       NAME         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP       Change   Addition         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       <
NMAE       Charles Douol       NAME         STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS         CITY-ST-ZIP       Delete       TTLE         NAME       STREET ADDRESS       CITY-ST-ZIP         TITLE       NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP
NMAE       Charles Douch       NAME         STREET ADDRESS       CITY-ST-2P       CITY-ST-2P         ITILE       Delete       ITILE         NAME       STREET ADDRESS       CITY-ST-2P         ITILE       Delete       ITILE         STREET ADDRESS       CITY-ST-2P       CITY-ST-2P         ITILE       Delete       TITLE         NAME       STREET ADDRESS       CITY-ST-2P         ITILE       Delete       <