FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91327 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0UUJJ041

DOCUMENT # P99000094740

1. Entity Name
ELEKTROJAZZ ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
8544 VALENCIA VILLAGE LANE # 108 ORLANDO, FL 32825	8544 VALENCIA VILLAGE LANE # 108 ORLANDO, FL 32825

2. Principal Place of Business	3. Mailing Address
4407 Blonigen Ave	4407 Blonigen Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando	City & State: Orlando
Zip: 32812 Country: Orange	Zip: 32812 Country: Orange

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3615378 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELTON, VICTORIA
8544 VALENCIA VILLAGE LANE
108
ORLANDO, FL 32825

7. Name and Address of New Registered Agent

Name: Melton, Victoria
Street Address (P.O. Box Number is Not Acceptable): 4407 Blonigen Ave.
City: Orlando FL Zip Code: 32812

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X [signature] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 4/25/2003

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MELTON, D SHANG		NAME	
STREET ADDRESS	8544 VALENCIA VILLAGE LANE #108		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MELTON, VICTORIA L		NAME	
STREET ADDRESS	8544 VALENCIA VILLAGE LANE #108		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. S. Melton — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/2003 Daytime Phone #: 407-466-3359