2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000101860** May 24, 2000 8:00 am 1. Entity Name Secretary of State EFEX MUSIC GROUP, INC. 05-24-2000 90172 031 ***150.00 Principal Place of Business Mailing Address 12472 LAKE UNDERHILL RD. #325 12472 LAKE UNDERHILL RD. #325 ORLANDO FL 32828 ORLANDO FL 32828 12786 Maribar Corde 2. Principal Place of Business Mailing Addres 12786 Mariba DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FELLY 365 738 Applied For City & State Not Applicable Orlando Country \$8.75 Additional 5. Certificate of Status Desired 31828 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOBBITT, CARY B Street Address (P.O. Box Number is Not Acceptable) 12786 MAIBOU CR. ORLANDO FL 32828 Zip Code FL ly 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 en **SIGNATURE** DATE (NOTE. Registered Agent signature required when reinstating) of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS Mucfreesburg, TN 37130 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE Dawn M. Bobbitt NAME NAME 12786 Maribon Cirde STREET ADDRESS STREET ADDRESS Orlando Fl 32828 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Mindy C. Graham 11895 springfield lare TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS Fixthers IN 46038 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE 2307 Chastam Ct. NAME NAME STREET ADDRESS STREET ADDRESS Murfreesboro IN 37130 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.