2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 19, 2000 8:00 am Secretary of State DOCUMENT # 1. Entity Name BRM RECORDS, INC. 06-19-2000 90003 035 ***550.00 Principal Place of Business Mailing Address 1801 Bay Road 1801 Bay Road Miami Beach, FL 33139 Miami Beach, FL 33139 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable 65-0357149 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - -CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S Pine Island Road Plantation, FL 33124 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** 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD TITLE ☐ Delete TITLE GIBB, BARRY 1801 Bay Road NAME NAME STREET ADDRESS STREET ADDRESS Miami Beach, FL 33139 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE □ Delete NAME GIBB, MAURICE STREET ADDRESS STREET ADDRESS 1801 Bay Road CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33139 Delete TITLE -TITLE NAME NAME GIBB, ROBIN STREET ADDRESS STREET ADDRESS 1801 Bay Road CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33139 ☐ Change Addition ☐ Delete TITLE NAME ASHBY, RICHARD STREET ADDRESS STREET ADDRESS 1801 Bay Road Miami Beach, FL 33139 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME GITOMER, ARNOLD STREET ADDRESS STREET ADDRESS 2 Fifth Avenue CITY-ST-ZIP CITY-ST-7/P New York, NY 10011 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. Inturther 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 attackment with an address, with all ther like empowered. 305-672-2390 May 25, 2000 Richard C. Ashby SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #