2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE:

t with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F96000006658 May 30, 2000 8:00 am Secretary of State BARBERIO MUSIC COMPANY 05-30-2000 90010 011 ***550.00 Mailing Address Principal Place of Business 6718 WESTEIFLD 6718 WESTFIELD SAN ANTONIO TX 78227 SAN ANTONIO TX 78227-3736 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 74-2142758 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRESLEY, TERREL Street Address (P.O. Box Number is Not Acceptable) EXIT 27, I-10 & U.S. HWY 90 MIDWAY FL 32343 Zip Code City ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits the SIGNATURE (NOTE: Registered Agent signature required when reinstating) if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete ☐ Addition TITLE ☐ Change TITLE BARBERIO, ERNEST J NAME NAME STREET ADDRESS STREET ADDRESS 104 CINNAMON OAK CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78230 ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- - - Change 🕶 🛅 Addition = TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 filling 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

Daytime Phone #