

1.) CORPORATION NAME: <b>PHAZE II MULTIMEDIA INCORPORATED</b>	DUE DATE: <b>2/29/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>VA REGISTERED AGENT, LLC          6802 PARAGON PLACE STE 410          RICHMOND, VA</b>	SCC ID NO: <b>05919402</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td style="text-align: center;">1</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1
CLASS	AUTHORIZED				
COMMON	1				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 6802 PARAGON PLACE, SUITE 410  CITY/ST/ZIP: RICHMOND, VA 23230	
--	--

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: AYISHA WILSON TITLE: PRESIDENT ADDRESS: PO BOX 4701 CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	---	--

NAME: CHUKWUMA S OPARA TITLE: DIRECTOR ADDRESS: PO BOX 4701 CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	---	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CHUKWUMA S OPARA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHUKWUMA S OPARA, DIRECTOR PRINTED NAME AND CORPORATE TITLE	5/15/2016 DATE
---	---	-------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.