

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0036409

DOCUMENT # 235667

03-19-2001 90492 033 ***150.00

1. Entity Name
PLAYGROUND MUSIC CENTER, INC.

Principal Place of Business

Mailing Address

**99 EGLIN PKWY
 UNIT 3A
 FT WALTON BCH FL 32548
 US**

**99 EGLIN PKWY
 UNIT 3A
 FT WALTON BCH FL 32548
 US**

2. Principal Place of Business

**99 Eglin Parkway
 Suite, Apt. #, etc.
 Suite 1B
 City & State
 Ft Walton Beach, FL**

Zip
32548

Country
US

3. Mailing Address

**99 Eglin Parkway
 Suite, Apt. #, etc.
 Suite 1B
 City & State
 Ft Walton Beach, FL**

Zip
32548

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6061887**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEONARD, JAMES H
 297 BRIARWOOD
 FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEONARD, ANTHONY D	
STREET ADDRESS	9 HIDDEN COVE	
CITY-ST-ZIP	VALPARISCO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEONARD, JAMES H	
STREET ADDRESS	297 BRIARWOOD CIR	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROCKWELL, ROBERT H	
STREET ADDRESS	6 CHOCTAWHATCHEE NE	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Leonard

Date **3/15/01**

Daytime Phone # **850 243 2514**

CR2E034 (10/00)