

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 235667

FILED  
Apr 08, 2003  
Secretary of State

Entity Name: PLAYGROUND MUSIC CENTER, INC.

**Current Principal Place of Business:**

99 EGLIN PKWY  
SUITE 1B  
FT WALTON BCH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

99 EGLIN PKWY  
SUITE 1B  
FT WALTON BCH, FL 32548 US

**New Mailing Address:**

FEI Number: 59-6061887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEONARD, ANTHONY D  
Address: 9 HIDDEN COVE  
City-St-Zip: VALPARISCO, FL

Title: ST ( ) Delete  
Name: LEONARD, JAMES H  
Address: 297 BRIARWOOD CIR  
City-St-Zip: FORT WALTON BEACH, FL

Title: V ( ) Delete  
Name: ROCKWELL, ROBERT H  
Address: 6 CHOCTAWHATCHEE NE  
City-St-Zip: FORT WALTON BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEONARD, ANTHONY D  
Address: 128G ELM AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H LEONARD

ST

04/08/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date