

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006580

1. Entity Name

SONGWriters IN THE ROUND, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90006 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5101 COLLINS AVENUE, SUITE 10-H  
 MIAMI BEACH FL 33140  
 US

~~5101 COLLINS AVENUE, SUITE 10-H~~  
~~MIAMI BEACH FL 33140-2726~~  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3801 N. FEDERAL HWY.

City & State

City & State

Pompano Beach, FL

4. FEI Number

65-0711194

Applied For

Not Applicable

Zip

Country

Zip

Country

33064

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHONEY, ROBERT F CPA  
 3801 N. FEDERAL HIGHWAY  
 POMPANO BEACH FL 33064

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	BRENT, CHARLES	
STREET ADDRESS	5101 COLLINS AVENUE, SUITE 10-H	
CITY-ST-ZIP	MIAMI BEACH FL 33140-2726	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHILD, DESMOND	
STREET ADDRESS	6401 PINETREE DRIVE CIRCLE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORASKIE, ELLEN	
STREET ADDRESS	763 COLLINS AVE., #301	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARTIGAN, CHRYSAL	
STREET ADDRESS	1735 N E 149TH STREET	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWIHURA, EDWARD J III	
STREET ADDRESS	21133 S W 85TH AVENUE #113	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Delete
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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* 7/25/00 305-864-8899  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #