

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90057 009 \*\*\*150.00

**DOCUMENT # P00000043051**

1. Entity Name  
**MORE GOSPEL MUSIC, INC.**

Principal Place of Business <b>3341 N.W. 47TH TERRACE                  #110                  LAUDERDALE LAKES FL 33319</b>	Mailing Address <b>3341 N.W. 47TH TERRACE                  #110                  LAUDERDALE LAKES FL 33319</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-1004391</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

*767926*  
 **967**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOGAN, EDRIS</b>
STREET ADDRESS	<b>3341 N.W. 47TH TERRACE #110</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CAMPBELL, OWEN</b>
STREET ADDRESS	<b>3341 N.W. 47TH TERRACE #110</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CAMPBELL, HYACINTH</b>
STREET ADDRESS	<b>3341 N.W. 47TH TERRACE #110</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCDONALD, PETER</b>
STREET ADDRESS	<b>3341 N.W. 47TH TERRACE #110</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>
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
NAME	
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: *Edris Logan* **EDRIS LOGAN** **4-20-01** **954-733-0099**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UCR00006

CR2E034 (10/00)