

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000010351

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: CHAOTIC NOTATION INC.

Current Principal Place of Business:

P. O. BOX 16427
TAMPA, FL 33687

New Principal Place of Business:

14607 N NEBRASKA AVE
TAMPA, FL 33613

Current Mailing Address:

P. O. BOX 16427
TAMPA, FL 33687

New Mailing Address:

FEI Number: 59-3704371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NIETO, FABIANNA
9815 N. 50TH ST.
TAMPA, FL 33617

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS () Change (X) Addition
Name: NIETO, FABIANNA
Address: 9815 N 50TH STREET
City-St-Zip: TAMPA, FL 33617

Title: MRS () Change (X) Addition
Name: RIVERA, FREDDIE
Address: 15711 GREECOVE BLVD
City-St-Zip: ORLANDO, FL 34711

Title: MR () Change (X) Addition
Name: NIETO, CARLOS
Address: 9815 N 50TH STREET
City-St-Zip: TAMPA, FL 33617

Title: MR () Change (X) Addition
Name: NIETO, JOSHUA
Address: 1500 SUMMIT WEST BLVD
City-St-Zip: TAMPA, FL 33617

Title: MRS () Change (X) Addition
Name: CASADO, CARMEN
Address: 105 E MISSION HILLS AVE
City-St-Zip: TAMPA, FL 33687

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: FABIANNA NIETO

MRS

04/30/2002

Electronic Signature of Signing Officer or Director

Date