2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91393 032 ***150.00

003198 AV

DOCUMENT # P02000096509

1. Entity Name
TAKE A LISTEN, INC.

Principal Place of Business	Mailing Address
10922 DOVER COVE LANE JACKSONVILLE FL 32225	10922 DOVER COVE LANE JACKSONVILLE FL 32225

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
101 Century 21 Drive		PO Box #350658	
Suite, Apt. #, etc. Ste. #218		Suite, Apt. #, etc.	
City & State Jacksonville, Fla.		City & State Jacksonville, Fla.	
Zip 32216	Country USA	Zip 32235	Country USA

4. FEI Number 56-2287986 — Applied For / Not Applicable

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
~~HOULD, STEPHEN A~~ ~~444 THIRD STREET~~ ~~NEPTUNE BEACH FL 32266~~	Name: ADAM R. JANKLOW Street Address (P.O. Box Number is Not Acceptable): 10922 DOVER COVE LANE City: JACKSONVILLE FL Zip Code 32225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANKLOW, ADAM R 10922 DOVER COVE LANE JACKSONVILLE FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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 REQUIRED [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #