

From:

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91166 026 ***150.00

80112923

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000101538

1. Entity Name
GONE BLIND TOURING, INC.

Principal Place of Business: **C/O TEMPCO, INC. 2813 S MIWASSEE RD STE 304 ORLANDO, FL 32835**
Mailing Address: **C/O TEMPCO, INC. 2813 S MIWASSEE RD STE 304 ORLANDO, FL 32835**

2. Principal Place of Business: **Subs. Apt. #, etc.**
3. Mailing Address: **Subs. Apt. #, etc.**
City & State: **City & State**
Zip: **Zip** Country: **Country**

4. FEI Number: **06-1641661** Applied For: Not Applicable

5. Certificate of Status Desired: \$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
**MICNEELY, ROBERT A ESC
305 S GARDEN ST
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent:
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

9. Section Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11	
TITLE: D NAME: CURRY, JOHN STREET ADDRESS: C/O TEMPCO, INC. 2813 S MIWASSEE RD CITY-ST-ZIP: ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ARCHER, MARK STREET ADDRESS: C/O TEMPCO, INC. 2813 S MIWASSEE RD CITY-ST-ZIP: ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RINCON, ARTISTIDER STREET ADDRESS: C/O TEMPCO, INC. 2813 S MIWASSEE RD CITY-ST-ZIP: ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BURMAN, MITCH STREET ADDRESS: C/O TEMPCO, INC. 2813 S MIWASSEE RD CITY-ST-ZIP: ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 person or persons 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 attaching letter or address, with all necessary approvals.

SIGNATURE: _____ **4-29-03**