

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064149

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: UNITED YOUTH MUSICAL EVENTS, INC.

**Current Principal Place of Business:**

1775 CEDAR GLEN DR.  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

1631 ROCK SPRINGS RD.  
# 321  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 20-4837868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, WADE F. JR.  
2901 CURRY FORD RD., STE. 212  
ORLANDO, FL 32806 US

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: COLE, BRYAN N.  
Address: 116 GATLIN AVE.  
City-St-Zip: ORLANDO, FL 32806

Title: DV ( ) Delete  
Name: COOPER, JOSEPH H.  
Address: 190 ROPER DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: DST ( ) Delete  
Name: KERSTEN, CATHERINE T.  
Address: 1775 CEDAR GLEN DR.  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CATHERINE KERSTEN

DST

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date