

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90090 007 \*\*\*550.00

**DOCUMENT # P94000029128**

1. Entity Name  
**DR. MUSIC, INC.**

Principal Place of Business  
**481 N HWY 434**  
**ALTAMONTE SPRINGS FL 32714** *change*

Mailing Address  
**481 N HWY 434**  
**ALTAMONTE SPRINGS FL 32714** *change*

**00136344**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**375 Creekstone Ct.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**375 Creekstone Ct.**  
 Suite, Apt. #, etc.

City & State  
**Longwood FL**

City & State  
**Longwood, FL**

4. FEI Number **59-3252515**

Applied For  
 Not Applicable

Zip **32779** Country **USA**

Zip **32779** Country **USA**

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

**ROSENBERG, DEBORAH**  
~~481 N HWY 434~~  
**ALTAMONTE SPRINGS FL 32714**

Name **George Rosenberg**  
 Street Address (P.O. Box Number is Not Acceptable)

**375 Creekstone Ct.**  
 City **Longwood** **FL** Zip Code **32779**

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 *George Rosenberg* **George Rosenberg**  
 (NOTE: Registered Agent signature required when re-registering)

**8/30/02**  
 DATE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE, NAME    | VP <b>ROSENBERG, DEBORAH</b> <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>481 N HWY 434</b>   |
| CITY-ST-ZIP    | <b>ALTAMONTE SPRINGS FL</b>                                  |
| TITLE NAME     | <input type="checkbox"/> Delete                              |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE NAME     | <input type="checkbox"/> Delete                              |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE NAME     | <input type="checkbox"/> Delete                              |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE NAME     | <input type="checkbox"/> Delete                              |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE NAME     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>375 Creekstone Ct.</b>  |
| CITY-ST-ZIP    | <b>Longwood, FL 32779</b>  |
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: *Deborah Rosenberg* **Deborah Rosenberg** **8/30/02** **407** **188-1912**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (4/02)