

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 03, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000005840

1. Entity Name
PARADISE PRODUCTIONS OF SARASOTA, INC.

Principal Place of Business DBA JAMMS MUSIC 1936 S TAMIAMI TR VENICE 34293 US	FL	Mailing Address 1936 S TAMIAMI TR VENICE 34293 US	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 65-0728814	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN JOHN AESQ
 1819 MAIN STREET
 SUITE 700
 SARASOTA FL
 34236 US

7. Name and Address of New Registered Agent

Name
 MACRIS STEVEN WPA
 Street Address (P.O. Box Number is Not Acceptable)
 227 PENSACOLA RD
 City VENICE FL Zip Code 34285

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.

SIGNATURE STEVEN W. MACRIS PA. **01/03/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAHAM DAVE <input checked="" type="checkbox"/> Delete 5880 TYLER RD VENICE FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MELONI JULIAN <input type="checkbox"/> Delete 140 ABALONE RD VENICE FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON DARLENE <input type="checkbox"/> Delete 1121 FALCON RD VENICE FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON JASON <input type="checkbox"/> Delete 1121 FALCON RD VENICE FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MELONI VALERIE <input type="checkbox"/> Delete 111 WHISPERING OAKS COURT SARASOTA FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MELONI VALERIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 WHISPERING OAKS CT SARASOTA FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON DALENE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5811 LINCOLN RD VENICE FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON DALENE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5811 LINCOLN RD VENICE FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON JASON E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5811 LINCOLN RD VENICE FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JASON E. JOHNSON DP **01/03/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)