

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010899

1. Entity Name
GRANDSTAFF MUSICAL PRODUCTIONS, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90023 032 ***150.00

Principal Place of Business Mailing Address
C/O LAW OFFICES OF MARJORIE E. WOLASKY C/O LAW OFFICES OF MARJORIE E. WOLASKY
7103 SW 102ND AVENUE - SUITE A 7103 SW 102ND AVENUE - SUITE A
MIAMI FL 33173 MIAMI FL 33173-1364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7685 SW 104 STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
220
City & State City & State
MIAMI, FLORIDA
Zip Country Zip Country
33156 U.S.A.

4. FEI Number Applied For
65-0913515 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WOLASKY, MARJORIE E
7103 SW 102ND AVENUE
SUITE A
MIAMI FL 33173

7. Name and Address of New Registered Agent
Name **WOLASKY, MARJORIE E.**
Street Address (P.O. Box Number is Not Acceptable)
7685 SW 104 STREET
SUITE 220
City **MIAMI** FL Zip Code **33156**

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 *Marjorie E. Wolasky* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MALING, KEITH V
STREET ADDRESS	C/O 7103 SW 102ND AVENUE #A
CITY-ST-ZIP	MIAMI FL 33173
TITLE	D <input type="checkbox"/> Delete
NAME	VAN SCHAICK, MICHAEL
STREET ADDRESS	C/O 7103 SW 102ND AVENUE #A
CITY-ST-ZIP	MIAMI FL 33173
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALING, KEITH V.
STREET ADDRESS	C/O 7685 SW 104 STREET, #220
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SCHAICK, MICHAEL K.
STREET ADDRESS	C/O 7685 SW 104 STREET, #220
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Keith V. Maling* **REQUIRED** 4/28/00 Date 305-235-2969 Daytime Phone #

CR2E034 (9/99)