

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000033740

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: 111 MUSIC, INC.

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD SUITE 50-159  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD SUITE 50-159  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 59-3571454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FISCHETTI, BRADLEY D  
7512 DR. PHILLIPS BLVD SUITE 50-159  
ORLANDO, FL 32819

**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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: FISCHETTI, BD  
Address: 7512 PHILLIPS BLVD 50-159  
City-St-Zip: ORLANDO, FL 32819

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BD FISCHETTI

DPST

05/01/2002

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date