

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 148922

1. Entity Name

SOUTHERN MUSIC DISTRIBUTING COMPANY

FILED
May 12, 2000 8:00 am
Secretary of State

03-27-2000 90071 001 ***150.00

Principal Place of Business

Mailing Address

503 W CENTRAL BLVD
ORLANDO FL 32802

~~503 W CENTRAL BLVD~~
~~ORLANDO FL 32801-2540~~
P.O. Box 3707
Orlando, FL 32802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0562673

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROOD, RON W.~~
~~503 W CENTRAL BLVD~~
~~ORLANDO FL 32801~~

Name **Frances H. Rood**
 Street Address (P.O. Box Number is Not Acceptable) **P.O. Box 3707 503 W Central**
Orlando 1100 OVERBROOK DR
 City **FL** Zip Code **32804**

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 **Frances H. Rood**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD President** ☐ Delete
 NAME **ROOD, FRANCES H.**
 STREET ADDRESS **1100 OVERBROOK DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **P-VP-D.** ☒ Change ☐ Addition
 NAME **Frances H. Rood**
 STREET ADDRESS **1100 Overbrook**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **ST** ☐ Delete
 NAME **WAINWRIGHT, ANNE P.**
 STREET ADDRESS **1304 BLACK WILLOW TRAIL**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **ROOD, RON W.**
 STREET ADDRESS **1100 OVERBROOK DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Anna P. Wainwright**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-00

407-423-7911

CR2E034 (9/99)