

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 05, 2008
Secretary of State

DOCUMENT# 713982

Entity Name: FRIDAY MUSICALE, INC.

Current Principal Place of Business:645 OAK ST
JACKSONVILLE, FL 32204 US**New Principal Place of Business:****Current Mailing Address:**645 OAK ST
JACKSONVILLE, FL 32204 US**New Mailing Address:**

FEI Number: 59-0766981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DUNNINGTON, JENNIE K MRS.
645 OAK ST
JACKSONVILLE, FL 32204 US**Name and Address of New Registered Agent:**CLARK, CHRISTINE A MISS
645 OAK ST
JACKSONVILLE, FL 32204 US

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: CHRISTINE A. CLARK

06/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: DUNNINGTON, JENNIE K MRS.
Address: 5001 PHILIPS HWY #93
City-St-Zip: JACKSONVILLE, FL 32207 USTitle: 1VP () Delete
Name: MARKHAM, HENSON JR
Address: 3807 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32207 USTitle: 2VP () Delete
Name: SCHOLL, SHARON DR.
Address: 2049 SELVA MARINA DR.
City-St-Zip: ATLANTIC BEACH, FL 32233 USTitle: TREA () Delete
Name: ADAMS, WILLIAM J MR
Address: 4417 CHIPPEWA DR. S.
City-St-Zip: JACKSONVILLE, FL 32210 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: CLARK, CHRISTINE A MISS
Address: 5386 TULANE AVE.
City-St-Zip: JACKSONVILLE, FL 32207 USTitle: 1VP (X) Change () Addition
Name: FRANKLIN, PAMELA MRS.
Address: 4229 SAN REMO DR.
City-St-Zip: JACKSONVILLE, FL 32217 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: TREA (X) Change () Addition
Name: FISHER, MICHAEL MR
Address: 3521 HEDRICK ST.
City-St-Zip: JACKSONVILLE, FL 32205 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE A. CLARK

PRES

06/05/2008

Electronic Signature of Signing Officer or Director

Date