**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 02, 2002 8:00 am Secretary of State **DOCUMENT #718303** 1. Entity Name 04-02-2002 90861 022 \*\*\*\*61.25 TIGER MUSIC, INC. Principal Place of Business Mailing Address 2000 TIGER TRAIL 2000 TIGER TRAIL COCOA FL 32926 COCOA FL 32926 2. Principal Place of Business 3. Mailing Address 1100 IIGER 2000 TIGER TRAIL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-7282938 DEDA HIOR Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2926 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent E. LEE VIAN Street Address (P.O. Box Number is Not Acceptable) CARROLL, LYNDA 1213 ALAMANDA LANE CARDLINA COCOA FL 32922 COCOA 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete (9/01 TITLE TITLE Addition Jody GREEN Wood CARROLL, LYNDA NAME NAME 2150 Lake Orive 2E037 STREET ADDRESS 1213 ALAMANDALASE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 OCOA F1. 3292 .. TITLE Delete TIT) F □ Change John HAPPEL NAME CHAMBERLIN, MARGARET NAME 705 Lemon Street STREET ADDRESS STREET ADDRESS 6960 HUNDRED ACRE DR COCOA, FL 32926 CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 Delete VP TITLE ☐ Change 1 Addition VIVIAN ETHEE GREENWOOD, JODY NAME NAME STREET ADDRESS STREET ADDRESS 513 N. CAROLINA AVE 2180 LAKE DR CITY-ST-ZIP CITY-ST-ZIP COCOA, FI. 32922 COCOA FL 33926 Tielete TITLE Change TITLE Addition I'nda Happel NAME NAME Leb. Elaine 4705 LEMON STREET STREET ADDRESS STREET ADDRESS 513 N. CAROLINA AVE CITY-ST-ZIP CITY-ST-ZIP COCOA, F). 32926 COCOA FL 32922 Delete TITLE Change [4] Addition TITLE PATTI GORDON CARROLL THOMAS NAME NAME 6850 COLUMBINE DRÎVE STREET ADDRESS STREET ADDRESS 1213 ALAMANDA LANE COCOA, FI. 32927 CITY-ST-7IP CITY-ST-ZIP COCOA FL 32922 TITLE Delete TITLE ☐ Change ☐ Addition NAME CONRAD, TODD NAME STREET ADDRESS 2238 ARCHER CT STREET ADDRESS CITY-ST-ZIP COCOA FL 32926 12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.