2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 749835

Entity Name: THE RHYTHM LOVERS, INC.

FILED Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1000 S. "K STREET" 1000 S. K STREET

PENSACOLA, FL 32501 PENSACOLA, FL 32501 US

Current Mailing Address: New Mailing Address:

P.O. BOX 17293 P.O. BOX 17293

PENSACOLA, FL 32522 PENSACOLA, FL 32522 US

FEI Number: 59-3002359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WALLACE, WALTER G 6740 SCOTTS PLACE PENSACOLA, FL 32526

in the State of Florida.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE:

Cleater in Circumstance of Devictors of American

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: SD (X) Change () Addition Name: SHARP, LINDA Name: SHARP, LINDA

 Address:
 4130 APRIL ROAD
 Address:
 4130 APRIL ROAD

 City-St-Zip:
 PENSACOLA, FL 32504
 City-St-Zip:
 PENSACOLA, FL 32504 US

Title: PD () Delete Title: () Change () Addition Name: THOMAS, CAROLYN J Name:

 Name:
 Name:

 Address:
 2802 PINE RIDGE DRIVE
 Address:

 City-St-Zip:
 LILLIAN, AL 36549 US
 City-St-Zip:

 $\label{eq:title: VD () Delete Title: VD (X) Change () Addition} \end{minipage}$

 Name:
 WALLACE, WALTER G
 Name:
 WALLACE, WALTER G

 Address:
 6740 SCOTTS PLACE
 Address:
 6740 SCOTTS PLACE

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 PENSACOLA, FL 32526 US

Title: TD () Delete Title: TD (X) Change () Addition

Name:TATE, WILLIAM AName:TATE, WILLIAM AAddress:1243 PENSACOLA DRIVEAddress:1243 PENSACOLA DRIVECity-St-Zip:LILLIAN, AL 36549City-St-Zip:LILLIAN, AL 36549 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. TATE TD 04/25/2002