

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90029 050 ***150.00

DOCUMENT # F97000000412

1. Entity Name

COMPACT DISCS MANAGEMENT, INC.

Principal Place of Business

**1204 SOVEREIGN ROW
 OKLAHOMA CITY OK 73108
 US**

Mailing Address

**1204 SOVEREIGN ROW
 OKLAHOMA CITY OK 73108
 US**

2. Principal Place of Business

900 N. Broadway

Suite, Apt. #, etc.

3. Mailing Address

900 N. Broadway

Suite, Apt. #, etc.

City & State

Oklahoma City, OK

Zip

73102

Country

USA

City & State

Oklahoma City, OK

Zip

73102

Country

USA

4. FEI Number

73-1505823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCE SALYER, CHRISTOPHER M 3237 N MARVEY PKWY OKLAHOMA CITY OK 73118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOTLEY, DOYLE E 4016 BRECKENRIDGE CT NORMAN OK 73072	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DI FAZIO, PATRICK 6020 HARWICH MANOR OKLAHOMA CITY OK 73132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHIONOPOULOS, MIKE 3813 PAWNEE EDMOND OK 73013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC ALLEN, CAROLYN S 10904 SQUIRMY DR NEWALLA OK 74857	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**P
DiFazio, Patrick
115 Parkford Dr.
Dallas, TX. 75238**

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1-17-02 (405) 236-8742

CR2E034 (9/01)