

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90059 030 ***150.00

DOCUMENT # G91918

1. Entity Name

DANLIN MUSIC, INC.

Principal Place of Business

Mailing Address

SR 84

8930 SR 84

~~SUITE 203~~

FT. LAUDERDALE FL 33324

US

1. LAUDERDALE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

296

Suite, Apt. #, etc.

#296

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WHARTON, LINDA NEIL
9421 LIVE OAK PLACE #101
FT. LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-2481752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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, 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

TITLE ☐ Delete

DP
WHARTON, LINDA NEIL
9421 LIVE OAK PL. #101
FT. LAUDERDALE FL

TITLE ☐ Delete

DT
WHARTON, DANA PAUL
9421 LIVE OAK PL. #101
FT. LAUDERDALE FL

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00 **(954) 370-1244**

CR2E034 (9/99)