

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90447 043 ***150.00

DOCUMENT # J38705

1. Entity Name

THE BRASS MONKEY LOUNGE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2668 TINOSA CIRCLE		3. Mailing Address 2668 TINOSA CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32526	Country Escambia	Zip 32526	Country Escambia

DO NOT WRITE IN THIS SPACE


4. FEI Number 59-2738621	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**


7. Name and Address of Current Registered Agent	
Name Murphy, Jimmie	
Street Address (P.O. Box Number is Not Acceptable) 2668 Tinosa Circle	
City Pensacola	FL Zip Code 32526

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.	Jimmie Murphy (NOTE: Registered Agent signature required when reinstating)	4/29/02 DATE
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Murphy, Jimmie 2668 Tinosa Circle Pensacola, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murphy, Sheila R. 2668 Tinosa Circle Pensacola, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE  **Jimmie Murphy, Pres. 4/29/02 850-944-2935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #