

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90123 042 ***150.00

DOCUMENT # L21379

1. Entity Name

MAKIN' MUSIC, INC.

Principal Place of Business

Mailing Address

311 NORTH BROAD ST
 BROOKSVILLE FL 34601
 US

~~9110 GULF TO BAY BLVD~~
~~333~~
 CLEARWATER FL 33759 4500
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

130-C JOHN MORROW PARKWAY, # 282
GAINESVILLE, GA

City & State

30501-3569

4. FEI Number

59-2971582

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional...
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRY, RAY D.
~~9110 GULF TO BAY BLVD~~
~~333~~
 CLEARWATER FL 33759

Name

Street **320 BAYSHORE BOULEVARD NO, 107**
CLEARWATER, FL

33759

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 RAY D. FRY, EA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

4/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	NEALE, ROBERT J	
STREET ADDRESS	7100 RIVER RUN BLVD	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert J Neale
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/99)