

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L76317

FILED
Mar 12, 2003
Secretary of State

Entity Name: THE MUSIC MAN OF JACKSONVILLE, INC.

Current Principal Place of Business:

5950-1 RAMONA BLVD
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5950-1 RAMONA BLVD
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3014404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYAL, PAUL B
6858 OLD KINGS RD. N.
JACKSONVILLE, FL 32219

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: DYAL, SHAWN B.
Address: 6330 OLD KINGS RD N
City-St-Zip: JACKSONVILLE, FL 32254

Title: P () Delete
Name: DYAL, PAUL B
Address: 6350 OLD KINGS RD N
City-St-Zip: JACKSONVILLE, FL 32254

Title: VPST () Delete
Name: LARICCIA, DONALD
Address: 10851 COLORADO SPRINGS AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP () Delete
Name: DYAL, DARRIN B
Address: 6318 OLD KINGS RD N
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: PAUL B. DYAL

P

03/12/2003

Electronic Signature of Signing Officer or Director

Date