

AMENDMENT

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -8 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L76317

1. Entity Name
THE MUSIC MAN OF JACKSONVILLE, INC.



Principal Place of Business
5950-1 RAMONA BLVD
JACKSONVILLE, FL 32205

Mailing Address
5950-1 RAMONA BLVD
JACKSONVILLE, FL 32205

800019746358
05/22/03--01080--030 **61.25

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3014404

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

DYAL, PAUL B
6868 OLD KINGS RD. N.
JACKSONVILLE, FL 32219

7. Name and Address of New Registered Agent

Name

Darrin B. Dyal

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

6318 Old Kings Rd. N

City

Jacksonville

FL

Zip Code

32254

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when substituting)

7/28/03

DATE

FILE NOW WITH FEE IS \$160.00
After May 1, 2003 Fee will be \$560.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVP ☐ Delete
NAME DYAL, SHAWN B.
STREET ADDRESS 6330 OLD KINGS RD N
CITY-ST-ZIP JACKSONVILLE, FL 32264

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME DYAL, PAUL B
STREET ADDRESS 6360 OLD KINGS RD N
CITY-ST-ZIP JACKSONVILLE, FL 32264

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPST ☐ Delete
NAME LARICIA, DONALD
STREET ADDRESS 10851 COLORADO SPRINGS AVE
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME DYAL, DARRIN B
STREET ADDRESS 6318 OLD KINGS RD N
CITY-ST-ZIP JACKSONVILLE, FL 32264

TITLE Pres-CEO ☒ Change ☐ Addition
NAME Dyal, Darrin B.
STREET ADDRESS 6318 Old Kings Rd. N
CITY-ST-ZIP Jacksonville, FL 32254

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2E034 (10/02)