

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90050 008 ***158.75

00060943

DO NOT WRITE IN THIS SPACE

DOCUMENT # L84378
1. Entity Name
Musicland Productions Inc.

Principal Place of Business Mailing Address
3423 E. Silver Spring Blvd., Ste. 1A
Ocala, FL 34470

2. Principal Place of Business 3. Mailing Address
3423 E. Silver Springs Blvd Same as #2
Suite, Apt. #, etc. Suite, Apt. #, etc.
1A
City & State City & State
Ocala, FL
Zip Country Zip Country
34470 USA

6. Name and Address of Current Registered Agent
Christine McKimmey
2715 N.E. 1st Ave.
Ocala, FL 34470

4. FEI Number 59-3077409 Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 Christine C. McKimmey Christine C. McKimmey 5/30/00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>President/Treasurer</u>		NAME		
STREET ADDRESS	<u>Christine C. McKimmey</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>2715 NE 1st Ave</u>		CITY-ST-ZIP		
	<u>Ocala, FL 34470</u>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>V President/Secretary</u>		NAME		
STREET ADDRESS	<u>Bobbie D. Strawder</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>2112 County Rd 204</u>		CITY-ST-ZIP		
	<u>Oxford, FL 34484</u>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Christine C. McKimmey Christine C. McKimmey 5/30/00 352-622-5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)