2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003
Secretary of State

DOCUMENT# N02000009907

Entity Name: THE AMERICAN TROUBADOUR PROJECT, INC.

Current Principal Place of Business:

1655 HILLVIEW ST.
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1655 HILLVIEW ST.
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 16-1682023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASWELL, CHRIS
2364 FRUITVILLE RD.
SARASOTA, FL 34237

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GRAY, ROBERT
Address: 1655 HILLVIEW ST.
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: COOK, MARLOW
Address: 444 WASHINGTON DR. N.
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: KAMINSKY, D. STUART
Address: 4604 LITTLE JOHN TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: FELLERMAN, DORIS
Address: 2 KOHLER CT.
City-St-Zip: CONGERS, NY 10920

Title: D ( ) Delete
Name: MCINTIRE, LEANNE
Address: 1865 HIGHLAND DR.
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete
Name: HEATH, DAVID
Address: 335 COLLEEN AVE.
City-St-Zip: SHOREVIEW, MN 55126

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:

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

SIGNATURE: ROBERT S. GRAY D 09/09/2003
Electronic Signature of Signing Officer or Director — Date