

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 04, 2001 08:00 AM****Secretary of State****DOCUMENT # N23111**1. Entity Name
NATIONAL MUSIC FOUNDATION, INC.

Principal Place of Business	Mailing Address
5728 MAJOR BLVD #200 ORLANDO FL 32819 US	5728 MAJOR BLVD #200 ORLANDO FL 32819 US

2. Principal Place of Business	3. Mailing Address
2457A SOUTH HIAWASSEE RD	2457A SOUTH HIAWASSEE RD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#244	#244

City & State	City & State
ORLANDO FL	ORLANDO FL

Zip	Country	Zip	Country
32835	US	32835	US

4. FEI Number	Applied For
59-2852994	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAIMES JUDITH R 10710 SEMINOLE BLVD. SUITE 3 SEMINOLE FL 34648 US	Name VELTMAN JACQUELYN Street Address (P.O. Box Number is Not Acceptable) 310 ALEXANDRA WOODS DRIVE City DEBARY FL Zip Code 34713

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 **JACQUELYN VELTMAN****08/04/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DINICOLA JOEY			NAME			
STREET ADDRESS	1430 GULF BLVD 511			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34630			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK DICK			NAME			
STREET ADDRESS	3003 WEST OLIVE AVE.			STREET ADDRESS			
CITY-ST-ZIP	BURBANKS CA 91505			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIGGINS, JOHN P., ESQ.			NAME			
STREET ADDRESS	ONE STADIUM DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33705			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAIMES JUDITH R			NAME	VELTMAN JACQUELYN		
STREET ADDRESS	10710 SEMINOLE BLVD, STE 3			STREET ADDRESS	310 ALEXANDRA WOODS DRIVE		
CITY-ST-ZIP	SEMINOLE FL 34648			CITY-ST-ZIP	DEBARY FL 34713		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENNINGTON, GLORIA			NAME	PENNINGTON, GLORIA		
STREET ADDRESS	5728 MAJOR BLVD #200			STREET ADDRESS	2457A SOUTH HIAWASSEE RD #244		
CITY-ST-ZIP	ORLANDO FL 32819			CITY-ST-ZIP	ORLANDO FL 32835		
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			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA PENNINGTON

PD

08/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)