

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90382 001 ****61.25

DOCUMENT # N25640

1. Entity Name

SECOND GENERATION SINGERS, INC.

Principal Place of Business

1229 NE 37 STREET
 FORT LAUDERDALE FL 33334

Mailing Address

1229 NE 37 STREET
 FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0109813**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHNELL, KATHERINE T.
 2850 NE 29TH STREET
 FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name: **Michelle Cham-A-Koon**
 Street Address (P.O. Box Number is Not Acceptable): **10191 NW 32nd St**
 City: **Sunrise** FL Zip Code: **33354**

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: *Michelle Cham-A-Koon* **Michelle Cham-A-Koon** **6/11/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P DOOLIN, KATHRYN	<input type="checkbox"/> Delete
STREET ADDRESS	2171 NW 107 AVENUE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE NAME	VP SCHMUCKER, BRAD	<input type="checkbox"/> Delete
STREET ADDRESS	163 SE 7 STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE NAME	I MURI, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	2355 NW 110 TERRACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE NAME	S SEDLACK, KATHY	<input type="checkbox"/> Delete
STREET ADDRESS	5181 NW 64TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE NAME	D LEEMAN, STUART	<input type="checkbox"/> Delete
STREET ADDRESS	4888 NW 100 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE NAME	D SLAYTON, JANET	<input type="checkbox"/> Delete
STREET ADDRESS	1500 NE 40 PLACE	
CITY-ST-ZIP	OAKLAND PARK FL 33334	

TITLE NAME	Schmucker, Brad	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	163 SE 7th St	
CITY-ST-ZIP	Deerfield Beach FL	
TITLE NAME	Kathy Sedlack	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5181 NW 64th Dr	
CITY-ST-ZIP	Coral Springs FL 33067	
TITLE NAME	Michelle Cham-A-Koon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10191 NW 32nd St	
CITY-ST-ZIP	Sunrise FL 33351	
TITLE NAME	Chalker, Valerie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1613 NE 17th Ave	
CITY-ST-ZIP	Ft. Lauderdale FL 33305	
TITLE NAME	Muri, David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2355 NW 110th Terr	
CITY-ST-ZIP	Sunrise FL 33322	
TITLE NAME	Hambrook, Chris	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	705 SE 25th Ave	
CITY-ST-ZIP	Pompano Beach, FL 33062	

12. 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 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: *Michelle Cham-A-Koon* **SIGNATURE REQUIRED** **6/11/02** **954-746-5663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)