## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000001869

Name:

Address:

City-St-Zip:

FISHER, MICHAEL

DOVER, FL 33527

14401 WALDEN SHEFFIELD RD

Entity Name: DURANT MUSIC BOOSTERS, INC.

FILED Jan 25, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4748 COUGAR PATH PLANT CITY, FL 33567 US **Current Mailing Address: New Mailing Address:** 4748 COUGAR PATH PLANT CITY, FL 33567 US FEI Number: 59-3328992 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIKE WITCHOSKEY WITCHOSKEY, MICHAEL DURANT HIGH SCHOOL **DURANT HIGH SCHOOL** 4748 COUGAR PATH 4748 COUGAR PATH PLANT CITY, FL 33567 US PLANT CITY, FL 33567 US 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: MICHAEL WITCHOSKEY 01/25/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LESLIE. HANDAL Name: Name: 3806 SPRUCE PINE DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: FILARDO, LAURIE Name: Address: 18219 DORMAN RD Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: () Delete Title: () Change () Addition MIKE WITCHOSKEY, Name: Name: 4748 COUGR PATH Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: Title: TREA ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL FISHER TREA 01/25/2002