2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003
Secretary of State

DOCUMENT# N96000001869

Entity Name: DURANT MUSIC BOOSTERS, INC.

Current Principal Place of Business:

4748 COUGAR PATH
PLANT CITY, FL 33567 US

New Principal Place of Business:

Current Mailing Address:

4748 COUGAR PATH
PLANT CITY, FL 33567 US

New Mailing Address:

FEI Number: 59-3328992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WITCHOSKEY, MICHAEL
DURANT HIGH SCHOOL
4748 COUGAR PATH
PLANT CITY, FL 33567 US

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: PD ( ) Delete
Name: LESLIE, HANDAL
Address: 3806 SPRUCE PINE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VPD ( ) Delete
Name: FILARDO, LAURIE
Address: 18219 DORMAN RD
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete
Name: MIKE WITCHOSKEY,
Address: 4748 COUGR PATH
City-St-Zip: PLANT CITY, FL 33567

Title: TREA ( ) Delete
Name: FISHER, MICHAEL
Address: 14401 WALDEN SHEFFIELD RD
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: BARRY, MICHELLE
Address: 1813 STAYSAIL DR
City-St-Zip: VALRICO, FL 33594

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: MICHAEL FISHER TREA 01/23/2003

Electronic Signature of Signing Officer or Director — Date