

2000 UNIFORM BUSINESS REPORT (UBR)

8/8

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-08-2000 90093 014 ****61.25

DOCUMENT # N97000006854

1. Entity Name

MUSIC MISSIONS INTERNATIONAL, INC.

2

Principal Place of Business

1450 E. JOHNSON AVENUE
 PENSACOLA FL 32514

Mailing Address

P.O. BOX 9788
 PENSACOLA FL 32513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3434078

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHJBBS, VINCENT J JR. ESQ
 421 N. PALAFOX STREET
 PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
 After September 13, 2000 min. will be \$236.25

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 PST
 NAME COOLEY, LINDELL
 STREET ADDRESS 2211 BAISDEN AVENUE
 CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE PST
 NAME Cooley, Lindell
 STREET ADDRESS 4792 Schaag Rd.
 CITY-ST-ZIP Pensacola, FL 32577 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME Franks, Pat D.
 STREET ADDRESS 1623 Shawnee Ave
 CITY-ST-ZIP Big Stone Gap, VA 24219 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME Morris, Larry D.
 STREET ADDRESS 316 S Baylen Suite 600
 CITY-ST-ZIP Pensacola, FL 32581 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME Saylor, Harry D.
 STREET ADDRESS 29 Honeysuckle Dr.
 CITY-ST-ZIP Winfield, AL 35594 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME Cooley, Eugene D.
 STREET ADDRESS 364 Ridge Rd.
 CITY-ST-ZIP Golden, MS 38847 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)