

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 10, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000007111****1. Entity Name**  
MUSICIANARIES INTERNATIONAL, INC.

Principal Place of Business 1000 N. US HWY. 1, UNIT E-401  JUPITER FL 33477	Mailing Address PO BOX 31868  PALM BCH GARDENS 334201868
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2. Principal Place of Business 1000 N. US HWY. 1, UNIT E-401	3. Mailing Address PO BOX 31868
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State JUPITER FL	City & State PALM BCH GARDENS FL
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Zip 33477	Country US	Zip 334201868	Country US
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4. FEI Number <b>65-0885954</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  HEABERG ROBERT M 1000 N. US HWY. 1, UNIT E-401  JUPITER FL 33477 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE **05/10/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	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 NAME STREET ADDRESS CITY-ST-ZIP	TS HEABERG LAURA L 1000 N US HWY LUNIT E 401 JUPITER FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HEABERG LAURA LMRS. 1000 N US HWY 1,UNIT E 401 JUPITER FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGMAN JAY CREV. 5441 MICHAEL CT. PIPERVILLE PA 18947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BROWN SCOTT WREV. 2866 JULINDA WAY ESCONDIDO CA 92029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS DAVID DR. 36477 OAK RIDGE DR. YUCAIPA CA 92399 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS DAVID DR. 36477 OAK RIDGE DR. YUCAIPA CA 92399 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNSTEAD DAWN 7873 N. ROCKWOOD PL. TUCSON AZ 85741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNSTEAD DAWN 18230 MANORWOOD N. CLINTON TOWNSHIP MI 48038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINDALL MICHAEL H 14524 COTTONWOOD DR. S.E. MILL CREEK WA 98012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINDALL MICHAEL HPH.D. 14524 COTTONWOOD DR. S.E. MILL CREEK WA 98012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEABERG ROBERT M 1000 N. US HWY. 1, UNIT E-401 JUPITER FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D HEABERG ROBERT MREV. 1000 N. US HWY. 1, UNIT E-401 JUPITER FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **REV. ROBERT M. HEABERG** C/D **05/10/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)