

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90114 038 \*\*\*\*61.25

**DOCUMENT # N98000007111**

1. Entity Name

**MUSICIANARIES INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**1000 N. US HWY. 1. UNIT E-401  
 JUPITER FL 33477  
 US**

**PO BOX 31868  
 PALM BCH GARDENS FL 33420-1868  
 US**

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

**65-0885954**

Applied For

Not Applicable

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

**HEABERG, ROBERT M  
 1000 N. US HWY. 1, UNIT E-401  
 JUPITER FL 33477**

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**

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  
 STREET ADDRESS  
 CITY-ST-ZIP  
**C/D  
 HEABERG, ROBERT M REV.  
 1000 N. US HWY. 1, UNIT E-401  
 JUPITER FL 33477** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 ANDERSON, RAE H.  
 5866 HICKORY HOLLOW LANE  
 LAHABKA PA 18931** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 TINDALL, MICHAEL H PH.D.  
 14524 COTTONWOOD DR. S.E.  
 MILL CREEK WA 98012** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 BUMSTEAD, DAWN  
 18230 MANORWOOD N.  
 CLINTON TOWNSHIP MI 48038** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 WILKINS, DAVID DR.  
 36477 OAK RIDGE DR.  
 YUCAIPA CA 92399** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V/D  
 BROWN, SCOTT W REV.  
 2866 JULINDA WAY  
 ESCONDIDO CA 92029** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TSD  
 HEABERG, LAURA L MRS.  
 1000 N US HWY 1,UNIT E 401  
 JUPITER FL 33477** ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rev Robert M Heaberg* **Rev Robert M. Heaberg, Chairman** 4/22/02 561-743-7858

Date

Daytime Phone #

CR2E037 (9/01)

0075559