

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000007111

FILED
Apr 30, 2003
Secretary of State

Entity Name: MUSICIANARIES INTERNATIONAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 31868
PALM BCH GARDENS, FL 334201868 US

New Mailing Address:

FEI Number: 65-0885954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: HEABERG, ROBERT M REV.
Address: 1000 N. US HWY. 1, UNIT E-401
City-St-Zip: JUPITER, FL 33477 US

Title: D () Delete
Name: TINDALL, MICHAEL H PH.D.
Address: 14524 COTTONWOOD DR. S.E.
City-St-Zip: MILL CREEK, WA 98012 US

Title: D () Delete
Name: BUMSTEAD, DAWN
Address: 18230 MANORWOOD N.
City-St-Zip: CLINTON TOWNSHIP, MI 48038 US

Title: D () Delete
Name: WILKINS, DAVID DR.
Address: 36477 OAK RIDGE DR.
City-St-Zip: YUCAIPA, CA 92399 US

Title: V/D () Delete
Name: BROWN, SCOTT W REV.
Address: 2866 JULINDA WAY
City-St-Zip: ESCONDIDO, CA 92029 US

Title: TSD () Delete
Name: HEABERG, LAURA L MRS.
Address: 1000 N US HWY 1, UNIT E 401
City-St-Zip: JUPITER, FL 33477 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: REV. ROBERT M. HEABERG

C/D

04/30/2003

Electronic Signature of Signing Officer or Director

Date

STUART EPPERSON, JR.
4920 KNOB VIEW CT
WINSTON-SALEM, NC 27104-5119