

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000000103****1. Entity Name**
MIDLAND STEREO REY INC.

Principal Place of Business 6910 NW 2ND TERR BOCA RATON FL 33487	Mailing Address 6910 NW 2ND TERR BOCA RATON FL 33487
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2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LACY WILLIAM R 6910 NW 2ND TERR BOCA RATON FL 33487 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 WILLIAM R LACY** **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	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 SD <input type="checkbox"/> Delete	NAME LACY LUCILLE A	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LACY LUCILLE A
STREET ADDRESS 6910 NW 2ND TERR	CITY-ST-ZIP BOCA RATON FL 33487	STREET ADDRESS 6910 NW 2ND TERR	CITY-ST-ZIP BOCA RATON FL 33487
TITLE VD <input type="checkbox"/> Delete	NAME LACY DAN III	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LACY DAN III
STREET ADDRESS 2110 GOLDCAMP RD	CITY-ST-ZIP COLORADO SPRINGS CO 80906	STREET ADDRESS 2110 GOLDCAMP RD	CITY-ST-ZIP COLORADO SPRINGS CO 80906
TITLE PD <input type="checkbox"/> Delete	NAME LACY WILLIAM R	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 6910 NW 2ND TERR	CITY-ST-ZIP BOCA RATON FL 33487	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP

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: WILLIAM R LACY** **PD** **04/28/2001**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate Daytime Phone #

CR2E037 (11/00)