

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N990000006266

1. Entity Name

THE AUDIO PLAYGROUND SYNTHESIZER MUSEUM, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-06-2000 90072 049 ****61.25

Principal Place of Business Mailing Address
699 CLAY ST 699 CLAY ST
WINTER PARK FL 32789 WINTER PARK FL 32789-4553

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 59-3552118 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

RIVERS, JOSEPH
699 CLAY ST
WINTER PARK FL 32789

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 *Joseph Rivers* 2-29-2000
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
TITLE PD ☐ Delete
NAME RIVERS, JOSEPH
STREET ADDRESS 699 CLAY STREET
CITY-ST-ZIP WINTER PARK FL 32789
TITLE SD ☐ Delete
NAME ORLOWSKI, PETER
STREET ADDRESS 7554 SUNTREE CIRLCE, APT. #107
CITY-ST-ZIP ORLANDO FL 32807
TITLE D ☐ Delete
NAME RIVERS, YOLANDA
STREET ADDRESS 9085 NW 52ND TERRACE
CITY-ST-ZIP MIAMI FL 33178
TITLE D ☐ Delete
NAME MORAZ, PATRICK
STREET ADDRESS 5286 N. ORANGE BLOSSOM TRAIL, #205
CITY-ST-ZIP ORLANDO FL 32810
TITLE D ☐ Delete
NAME WOOD, ERIC
STREET ADDRESS 1445 CHILEAN LANE
CITY-ST-ZIP WINTER PARK FL 32792
TITLE D ☐ Delete
NAME RIVERS, MICHELE
STREET ADDRESS 699 CLAY STREET
CITY-ST-ZIP WINTER PARK FL 32789

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
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)(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: *Joseph Rivers* 2-29-2000 407 628-2119
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #