

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000008710**1. Entity Name  
GLORYFIRE MUSIC INC.

## Principal Place of Business

6753 KINLOCK DR. STE. 1

JACKSONVILLE  
32219

FL

## Mailing Address

6753 KINLOCK DR. STE. 1

JACKSONVILLE  
32219

FL

## 2. Principal Place of Business

6753 KINLOCK DR.

## 3. Mailing Address

6753 KINLOCK DR.

Suite, Apt. #, etc.  
STE. 1Suite, Apt. #, etc.  
STE. 1City & State  
JACKSONVILLE  
FLCity & State  
JACKSONVILLE  
FLZip  
32219

Country

Zip  
32219

Country

## 4. FEI Number

59-3621249

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

HAYNES EZEKIAL III  
2445 DUNN AVE. APT. #1205JACKSONVILLE  
32218

US

FL

## 7. Name and Address of New Registered Agent

## Name

HAYNES EZEKIEL III

Street Address (P.O. Box Number is Not Acceptable)  
2445 DUNN AVE. APT. #1205City  
JACKSONVILLE

FL

Zip Code  
32218

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 **EZEKIEL HAYNES, III****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYNES MICHELLE AMRS.	
STREET ADDRESS	2445 DUNN AVE. APT#1205	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEYMORE COUSHATTA MRS.	
STREET ADDRESS	6753 KINLOCKE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYNES EZEKIEL MR.	
STREET ADDRESS	2445 DUNN AVE. APT#1205	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYNES LEON BMR	
STREET ADDRESS	6753 KINLOCKE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **EZEKIEL HAYNES, III**

V

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)