

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 06, 2002 8:00 am
Secretary of State

06-06-2002 90084 004 ***150.00

DOCUMENT # P00000008710
1. Entity Name
Glory Fire Music, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3937 SOUTEL DR
Suite, Apt. #, etc.

3. Mailing Address
6939 PEELAWN
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32208 Country
DUAL

Zip
32208 Country
DUAL

4. FEI Number
593621249

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
EZEKIEL HAYNES

Street Address (P.O. Box Number is Not Acceptable)
6939 PEELAWN DR

City
JACKSONVILLE FL Zip Code
32208

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D</u> <u>LEON SEYMORE JR.</u> <u>6753 KINLOCKE DR.</u> <u>JACKSONVILLE, FL 32219</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V/D</u> <u>EZEKIEL HAYNES, III</u> <u>6939 PEELAWN DR.</u> <u>JACKSONVILLE, FL 32208</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/D</u> <u>MICHELLE HAYNES</u> <u>6939 PEELAWN DR</u> <u>JACKSONVILLE, FL 32208</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T/D</u> <u>COUSHATTA SEYMORE</u> <u>6753 PEELAWN DR.</u> <u>JACKSONVILLE, FL 32219</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>M</u> <u>LEON SEYMORE SR.</u> <u>4100 BEVERLY AVE</u> <u>JACKSONVILLE, FL 32208</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>DEVIAN J. SEYMORE</u> <u>4100 BEVERLY AVE</u> <u>JACKSONVILLE, FL 32208</u>

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ezekiel Haynes, III EZEKIEL HAYNES, III 6-5-02 904-502-6886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)