

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000081129****1. Entity Name**
WYDE OPEN ENTERTAINMENT/RECORDS, CORPORATION**Principal Place of Business**2378 PEACH AVE
AUBURNADLE FL 33823**Mailing Address**2378 PEACH AVE
AUBURNADLE FL 33823**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

59-3666536

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**SMITH, VENTURA
2378 PEACH AVE
AUBURNADLE FL 33823

Name

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

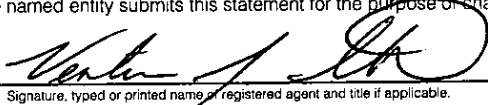
City

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



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

(NOTE: Registered Agent signature required when reinstating)

01/03/01

DATE

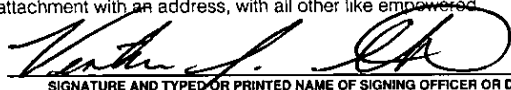
**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P SMITH, VENTURA	2378 PEACH AVE	AUBURNADLE FL 33823	<input type="checkbox"/>
	V ELLISON, KEENAN	1826 SALEM RD	LAKELAND FL 33803	<input type="checkbox"/>
	S MOORE, BREGANIA	3415 W HILLSBORO AVE	TAMPA FL 33614	<input checked="" type="checkbox"/>
	T SMITH, MARIANA	2378 PEACH AVE	AUBURNADLE FL 33823	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	S Marquita Burse	721 4th St	Polk City, FL 33868	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/01

Date

Daytime Phone #

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90038 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)