

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90365 042 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000093593**

1. Entity Name

**LITTLE HOUSE OF MUSIC, INC.**

Principal Place of Business

410 MICHIGAN AVE  
INDIALANTIC FL 32903

Mailing Address

410 MICHIGAN AVE  
INDIALANTIC FL 32903

*UP*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3198621**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LUCKING ADAMS, GEORGIA S**  
**410 MICHIGAN AVE**  
**INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

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)

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	DP	<input type="checkbox"/> Delete
NAME	Georgia Lucking Adams	
STREET ADDRESS	410 Michigan Ave -	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	V Christopher C. Layne	<input type="checkbox"/> Delete
NAME	108 Terrace Court	
STREET ADDRESS	Apt. #5	
CITY-ST-ZIP	Shawnee City, TN 37601	
TITLE	ST SUE ANN JACOBS	<input type="checkbox"/> Delete
NAME	41-D Piney Branch Way	
STREET ADDRESS	W. Melbourne FL 32904	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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STREET ADDRESS		
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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:

*Georgia Lucking Adams - Georgia Lucking Adams, May 1 2001*  
321-952-4172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *May 1 2001* Title/Phone #

CRE034 (10/00)