

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

Mailing Address

410 MICHIGAN AVE
INDIALANTIC FL 32903

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

7. Name and Address of New Registered Agent

LUCKING ADAMS, GEORGIA S
410 MICHIGAN AVE
INDIALANTIC FL 32903

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

CRE034 (10/00)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321-952-4172
Phone #