

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90086 011 ***150.00

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

DOCUMENT # **P00000093593**
 1. Entity Name
Little House of Music, Inc.

DO NOT WRITE IN THIS SPACE

640189

2. Principal Place of Business
1698 SAMAICA Blvd
 Suite, Apt. #, etc.

3. Mailing Address
1698 SAMAICA Blvd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3198621 Applied For
 Not Applicable

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

City & State
Satellite Beach FL City & State
Satellite Beach FL

Zip
32937 Country
BREVARD Zip
32937 Country
BREVARD

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when renewing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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	DP Georgia Lucking Adams 1698 SAMAICA Blvd. SATELLITE BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U Christopher C. LAYNE 115 Beechnut St. B-1 Schasee City, TN 37601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUE ANN JACOB 41-D PINEY BEACH WAY W. Melbourne, FL 32904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Georgia Lucking Adams - Georgia Lucking Adams, April 19, 02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **321-773-5345**

CR2E034B (12/01)