

**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	<b>DP</b> <b>Georgia Lucking Adams</b> <b>1698 SAMAICA Blvd.</b> <b>SATELLITE BEACH, FL 32937</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U</b> <b>Christopher C. LAYNE</b> <b>115 Beechnut St. B-1</b> <b>Schasee City, TN 37601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SUE ANN JACOB</b> <b>41-D PINEY BEACH WAY</b> <b>W. Melbourne, FL 32904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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)