

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90026 018 ***150.00

CU18334 AV

DOCUMENT # P00000096934

1. Entity Name
MUSEWORKS INC.

Principal Place of Business
**5428 COURTNEY CIRLCE
 BOYNTON BEACH FL 33437**

Mailing Address
**5428 COURTNEY CIRLCE
 BOYNTON BEACH FL 33437**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4401220 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**SCOTT-STUDE, CLAUDETTE R
 5428 COURTNEY CIRLCE
 BOYNTON BEACH FL 33437**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D SCOTT-STUDE, CLAUDETTE R 5428 COURTNEY CIRLCE BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Claudette R. Scott-Stude* **G. K. Scott-Stude** 8/26/01 731-1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

ATTACHMENT
A0083083

MuseWorks

MuseWorks

MuseWorks

5428 Courtney Cr.
Boynton Beach, FL, 33437
Aug, 27, 01

Division of Corporations
UNIFORM BUSINESS REPORT FILINGS

P.O. Box 1500
Tallahassee, FL 32302-1500

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Gentlemen:

This letter is to inform you that I have
NOT RECEIVED ANY UBR 2001 FORMS PRIOR TO THE
ONE I AM SUBMITTING TODAY.

Accordingly, I AM enclosing a check in the
AMOUNT OF \$150.00, which a representative in your
OFFICE disclosed to ME, IS THE CORRECT AMOUNT DUE
UNDER THIS CIRCUMSTANCE.

Sincerely,
C. R. Scott-Stude, Pres.

C. R. Scott-Stude