

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000108209**

1. Entity Name
SPAULDING ARTISTS GROUP INC.



Principal Place of Business
6439 BOCA CIRCLE
BOCA RATON FL 33433

Mailing Address
6439 BOCA CIRCLE
BOCA RATON FL 33433

2. Principal Place of Business
19005 CLOUD LAKE CIR.

3. Mailing Address
19005 CLOUD LAKE CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL.

Zip **33496** Country **U.S.A.**

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4. FEI Number **65-1059510**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAULDING, ROY G 6439 BOCA CIRCLE BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPAULDING, ROY 19005 CLOUD LAKE CIR. BOCA RATON, FL. 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPAULDING, ALLEGRA M 6439 BOCA CIRCLE BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPAULDING, ALLEGRA 19005 CLOUD LAKE CIR. BOCA RATON, FL. 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90367 004 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)