## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # P00000112020

1. Entity Name

C SHARP MUSIC CENTER, INC.



## FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90078 008 \*\*\*150.00

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12794 W. FO 17	REST HILL BL		Mailing Address 12349 WESTHAMPTON CIRCLE WELLINGTON FL 33414					) ( <b>28</b> /( <b>82</b> ) ((( <b>88</b> /() <b>8</b> /() <b>8</b>	71 <b>83</b> 884 <b>88</b> 4	<b>   </b>	<b>6</b> 81811 88111	A JAMEN MARKANINA	
2. Principal	Place of Busin	ness	3. Mailing Address										
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4.	4. FEI Number 65-1061553 Applied For					
Zip Country			1			ntry	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6 Name	and Address of Current I	Register	ed Agent			7=	Name and Address of Ne	w,Regis				
Suite, Apt. #, etc.  City & State  Zip Country  ——6- Name and Address of Cur.  HICKS, HEATHER 12349 WESTHAMPTON CIRCLE WELLINGTON FL 33414  a.  B. The above named entity submits this stateme the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered a feet may 1, 2003 Fee will be \$550.  Make Check Payable to Florida Departmen  O. OFFICERS A  TREET ADDRESS ITY-ST-ZIP  TILE  AME TREET ADDRESS ITY-ST-ZIP  TILE  AME TREET ADDRESS ITY-ST-ZIP  TILE  ME TREET ADDRESS ITY-ST-ZIP  TLE  ME TREET ADDRESS ITY-ST-ZIP			-			Name		· · · · · · · · · · · · · · · · · · ·		<u> </u>			
						Stroot Address	~ (P.O. I	Day Niverbay in Nick Assault					
_			Sileet 7			Sileet Address	dress (P.O. Box Number is Not Acceptable)						
		17				City							
8. The above	e named entity	submits this statement for	r the pur	pose of changing it	s registere	ľ	tered ac	gent, or both, in the State of	Elorida	FL lam fam	Zip Cod		
the obligat	tions of registe	red agent.		3 3			10100 02	gent, or both, in the state of	rionga.	i am iam	mar with,	and accept	
SIGNATURE	Simple to the state of the stat		<del></del>										
			nd title if app	olicable. (NOT	ΓE: Registered	d Agent signature requi	ired when r	reinstating)		OATE			
- After	r May 1, 200	3 Fee will be \$550.00	State					9. Election Campaign Trust Fund Contribu		ng 🔲		00 May Be	
10.	( rayabio to												
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	12349 WES	THAMPTON CIRCLE			NAME								
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<ol> <li>I hereby ce</li> </ol>	ertify that the i	nformation supplied with th	ris filina (	does not qualify for	the evem	ntion stated in C.	action 1	140 07(0)(i) Flantala OL + 4	1.6				

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECT

1/6/03 561-795-358 Dayline Phone \*