

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90164 012 \*\*\*150.00

DOCUMENT # **P01000010991** ✓  
1. Entity Name  
**The Music Shoppe Inc.**

**DO NOT WRITE IN THIS SPACE**

**656389**

2. Principal Place of Business  
**1010 PALM TERRACE DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**1010 PALM TERRACE DR**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**CLEARWATER FL**  
Zip  
**33755** Country  
**USA**

City & State  
**CLEARWATER, FL**  
Zip  
**33755** Country  
**USA**

4. FEI Number  
**59-3691782**  
Applied For  
Not Applicable

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

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**7. Name and Address of Current Registered Agent**

Name  
**GERALD BRADEN**

Street Address (P.O. Box Number is Not Acceptable)

**1010 PALM TERRACE DR**

City  
**CLEAR WATER** FL Zip Code  
**33755**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1: Fee is \$150.00

After May 1: Fee is \$650.00

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  
**PRESIDENT**  
**GERALD BRADEN**  
**1010 PALM TERRACE DR**  
**CLEARWATER, FL 33755**

TITLE  
NAME  
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Gerald Braden** **Gerald Braden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02** **(727)442-7116**  
Date Daytime Phone #

CR2E034B (12/01)