

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90229 042 ***150.00

DOCUMENT # P01000013866

1. Entity Name
CENTER STAGE KARAOKE, INC.



Principal Place of Business
**7 CASTLE MANOR DRIVE
ORMOND BEACH FL 32174**

Mailing Address
**7 CASTLE MANOR DRIVE
ORMOND BEACH FL 32174**



2. Principal Place of Business

3. Mailing Address

PO Box 731448

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Ormond Beach, FL

4. FEI Number
59-3698690

Applied For
☐ Not Applicable

Zip Country

Zip Country
32173-1448 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA STATE ACCOUNTING, INC.
533 N NOVA ROAD SUITE 115
ORMOND BEACH FL 32174-4421**

Name
John Bayne
Street Address (P.O. Box Number is Not Acceptable)
7 Castle Manor Dr.
City
Ormond Beach FL Zip Code
32174

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 **John Bayne** **John Bayne, President** **1-20-2003**
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 **D** ☐ Delete
NAME **BAYNE, JOHN**
STREET ADDRESS **7 CASTLE MANOR DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: **John Bayne** **John Bayne** **1-20-2003** **386-615-9351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)