

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 91006 049 ***150.00

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DOCUMENT # P01000068264

1. Entity Name
MOTORCYCLE MAN MUSIC, INC.



Principal Place of Business
**7044 EDGEWORTH DR
ORLANDO FL 32819**

Mailing Address
**7044 EDGEWORTH DR
ORLANDO FL 32819**

2. Principal Place of Business
13102 Glenmoor Dr.
Suite, Apt. #, etc.

3. Mailing Address
13685 Rivoli Dr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
W. Palm Beach, FL

City & State
Palm Beach Gardens, FL

4. FEI Number
59-3730827

Applied For
Not Applicable

Zip
33409
Country
Palm Beach

Zip
33410
Country
Palm Beach

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

6. Name and Address of Current Registered Agent

**DEFABRITUS, JAMES
7044 EDGEWORTH DR
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **Joshua Lyons**
Street Address (P.O. Box Number is Not Acceptable) **13102 Glenmoor Dr**
City **W. Palm Beach** **FL** Zip Code **33409**

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)

4/29-03

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 ☐ Delete
NAME **D**
STREET ADDRESS **LYONS, JOSHUA D D**
CITY-ST-ZIP **13685 RIVOLI DR
PALM BEACH GARDENS FL 33410**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29-03

Date

561-689-3681

Daytime Phone #

CR2E034 (10/02)