

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91895 008 \*\*\*150.00

0066123 AV

**DOCUMENT # P01000087115**

1. Entity Name  
**3DB MUSICAL PRODUCTIONS, INC.**



Principal Place of Business  
**1201 EGLIN PARKWAY  
SHALIMAR FL 32579**

Mailing Address  
**1201 EGLIN PARKWAY  
SHALIMAR FL 32579**

2. Principal Place of Business

**1104 EGLIN PKWY**

Suite, Apt. #, etc.

3. Mailing Address

**Sene**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**SHALIMAR FL**

City & State

**Sene**

4. FEI Number

**59-3742883**

Applied For

☐ Not Applicable

Zip

**32579**

Country

**OKA1008A**

Zip

**Sene**

Country

**Sene**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FLEET, H. BART  
1201 EGLIN PARKWAY  
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name **H Bart Fleet**

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

**1104 EGLIN PKWY**

City **SHALIMAR**

**FL**

Zip Code **32579**

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 \_\_\_\_\_ (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

TITLE **DP** ☐ Delete  
NAME **FLEET, H. BART**  
STREET ADDRESS **1075 TREE POINT DRIVE**  
CITY-ST-ZIP **FT. WALTON BEACH FL 32547**

TITLE **DV** ☒ Delete  
NAME **GARRETT, TODD**  
STREET ADDRESS **130 OPP BLVD**  
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **DST** ☒ Delete  
NAME **MORGAN, DENISE**  
STREET ADDRESS **79 LAKE LORRAINE CR**  
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **DST**  
STREET ADDRESS **BRANDY GOODNOUGH**  
CITY-ST-ZIP **1516 CAT MAR RD NICEVILLE FL 32578**

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

TITLE ☐ Change ☐ Addition  
NAME  
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: \_\_\_\_\_

**SHALIMAR FL 32579**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03 (850) 651-4006**

Date

Daytime Phone #

CR2E034 (10/02)