

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

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

05-13-2002 90092 017 \*\*\*150.00

DOCUMENT # PO1000101233 ✓  
1. Entity Name  
WALTER TRAVIS BAND, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2720 Gray Fox Lane  
Suite, Apt. #, etc.

3. Mailing Address  
2720 Gray Fox Lane  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Orlando, FL  
Zip  
32826  
Country  
USA

City & State  
Orlando, FL  
Zip  
32826  
Country  
USA

4. FEI Number  Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
DONNA L. DRAVES  
Street Address (P.O. Box Number is Not Acceptable)  
120 E. Concord St  
City  
Orlando FL Zip Code  
32801

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 Donna L. Draves, Donna L. Draves DATE 4/25/02  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
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	<u>D.P.T. Marshall, Steven Anthony 2720 Gray Fox Lane Orlando, FL 32826</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D.V.P.S. Marshall, Chris 2720 Gray Fox Lane Orlando, FL 32826</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Steven Marshall Steven Marshall 4-25-01 407-380-8953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)