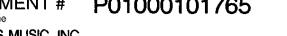
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000101765 DOCUMENT # 1. Entity Name

FAT CAT'S MUSIC, INC.

SIGNATURE: \





**FILED** May 14, 2003 8:00 am Secretary of State

05-14-2003 90136 007 \*\*\*150.00

Principal Place of Business 2532 WESTWOOD AVENUE NEW SMYRNA BEACH FL 32168		Mailing Address 2532 WESTWOOD AVENUE NEW SMYRNA BEACH FL 32168								
2. Principal Place of Business		3. Mailing Address					D(81 1696) (1849) (			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	. FEI Number <b>59-3752574</b>		_ <del></del>	olied For Applicable	
Zip	Country	Zip ·	Countr			. Certificate of Status Desired		75 Addi Required		
6. Name and Address of Current Registered Agent					7.	Name and Address of New Rec	istered Age	nt		
			Name							
CUTLER, RONALD		Street Addres			ldress (P.O.	(P.O. Box Number is Not Acceptable)				
1172 PELICAN BAY										
DAYTONA BEACH F	L 32119					··				
			City			FL	Zip Code			
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					<u> </u>				,	
	ed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signatur	e required wher	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						Election Campaign Finar Trust Fund Contribution.	ncing		May Be to Fees	
10. OFFICERS AND DIRECTORS 1						ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTORS	IN 11	
STREET ADDRESS 2532 WES	, THOMAS A STWOOD AVENUE (RNA BEACH FL 32168	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, · · □ Delete □ ,		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE								Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	ET ADDRESS ST-ZIP				Change .	Addition	
<ol> <li>I hereby certify that the indicated on this report the corporation or changed, or on an attractions.</li> </ol>	ne information supplied with in ort or supplemental report is the receiver of trustee empor tachment with an address, w	this filing does not qualify for true and accurate anothat m wered to execute this report a im all other like empowered.	the exer y signat as requir	nption state ure shall haved ed by Chap	d in Sectior ve the same ter 607, Flo	n 119.07(3)(i), Florida Statutes. I fu e legal effect as if made under oat rida Statutes; and that my name a	rther certify th n; that I am ar ppears in Blo	hat the inf n officer o ck 10 or E	ormation r director Block 11 if	