

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90068 014 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000024124

1. Entity Name
TRUE SOUNDS OF LIBERTY PRODUCTIONS, INC.



Principal Place of Business
2113 NORTH 66 AVENUE
HOLLYWOOD, FL 33024

Mailing Address
2113 NORTH 66 AVENUE
HOLLYWOOD, FL 33024

70052034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3616931

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOYLE, MAUREEN A
2113 NORTH 66 AVENUE
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name
POPEJOY, MAUREEN ANN
Street Address (P.O. Box Number is Not Acceptable)
2113 N 66 AV
City
Hollywood FL Zip Code
33024

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

MAUREEN A. POPEJOY

4-28-03

Signature, hand or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's Signature Required when Resigning)

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	SVD	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, MAUREEN A	
STREET ADDRESS	2113 NORTH 66 AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPEJOY, JOSEPA	
STREET ADDRESS	2113 N 66 AV	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPEJOY, MAUREEN ANN	
STREET ADDRESS	2113 N 66 AV	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MAUREEN A. POPEJOY

MAUREEN A. POPEJOY 4-28-03

Date

Daytime Phone #

CR2E034 (10/02)