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

DOCUMENT

P02000038771

1. Entity Name DISCODYSSEY, INC.



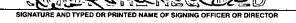
Mar 24, 2003 8:00 am Secretary of State **FILED**

03-24-2003 90243 045 ***150.00

Diooobi	100L1, III										
Principal Place of Business 930-A EATON STREET KEY WEST FL 33404				Mailing Address 930-A EATON STREET KEY WEST FL 33404							
2. Principal P	Place of Busin	ness .	3 . Ma	illing Address							
Suite, Apt. #, etc.				930a Eclen A.							
Suite, Apt.	. #, etc.		KE SUI	te, Apt. #, etc.				CHECK HE	RE IF MAKING	CHANGES	
City & State City & State				City & State				FEI Number		<u> </u>	pplied For ot Applicable
Zip	~.C	Country	Zip		Coun	ntry		Certificate of Status Desire	d 🛮	\$8.75 Add	ditional
54	6. Name	and Address of Current	Register	ed Agent	<u> </u>	T	7.	Name and Address of Ne	w Registered	Fee Require	ю
N: Affird						Name					
KLITENICK, RICHARD M ESQ. 624 WHITEHEAD STREET				Stree			dress (P.O. Box Number is Not Acceptable)				
KEY WEST FL 33040											
						City			FL	Zip Cod	le
	e named entit		or the purp	oose of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of	Florida. I am f	amiliar with,	and accept
,	Nona or regian	cred agent.		_							
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOT	E: Registere	d Agent signature requ	uired when r	einstating)	DATE		
		! FEE IS \$150.00						9. Election Campaign	Einancing		0
)3 Fee will be \$550.00 • Florida Department o	f State					Trust Fund Contribu	~ _		00 May Be d to Fees
10.		OFFICERS AND		DRS	11.		ΑE	L DDITIONS/CHANGES TO (FFICERS AND	DIRECTOR	\$ IN 11
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12. I hereby o	certify that the	information supplied with	this filing	does not qualify for	the exer	nption stated in	Section	119.07(3)(i), Florida Statute	s. I further cert	ify that the ir	nformation

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:



Date

Daytime Phone #