

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90126 014 ***150.00

DOCUMENT # P02000056180

1. Entity Name
MUSIC & MOTION, INC.



Principal Place of Business
400 S. LAKEMONT AVE.
WINTER PARK FL 32792

Mailing Address
400 S. LAKEMONT AVE.
WINTER PARK FL 32792



2. Principal Place of Business
400 S. Lakemont Ave
Suite, Apt. #, etc.

3. Mailing Address
400 S. Lakemont Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Winter Park FL
Zip
32792
Country
USA

City & State
Winter Park FL
Zip
32792
Country
USA

4. FEI Number
431963012
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARBONELL, SHERYL D
C/O ST. RICHARDS EPISCOPAL CHURCH
5151 LAKE HOWELL ROAD
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name
CARBONELL, SHERYL D
Street Address (P.O. Box Number is Not Acceptable)
400 S. LAKEMONT AVE.
City
WINTER PARK FL Zip Code
32792

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 Sheryl D Carbonell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/03
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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARBONELL, SHERYL D
5151 LAKE HOWELL ROAD
WINTER PARK FL 32792 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CARBONELL, SHERYL D
400 S. LAKEMONT AVE
WINTER PARK FL 32792 ☒ Change ☐ Addition

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

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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: Sheryl D Carbonell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03
Date

407.647.9442
Daytime Phone #

CR2E034 (10/02)