2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-07-2003 90150 021 ***158.75

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DOCUMENT # P02000118737

1. Entity Name
LEGENDS GUITARS, INC.

Principal Place of Business	Mailing Address
3108 CENTRAL DR.	3108 CENTRAL DR.
PLANT CITY FL 33567	PLANT CITY FL 33567

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33566 Country	Zip 33566 Country

4. FEI Number 42-1557614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARREJA, MINDY L ESQ. 220 SOUTH FRANKLIN ST. TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIRECTOR SAMUEL J. PATTERSON 2217 VALRICO FOREST DR VALRICO FL 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DIRECTOR M. KENT SOUEUBERG 12912 RAIN FOREST ST. TEMPLE TERRACE FL 33617	☐ Change ☑ Addition
TITLE / NAME		☐ Delete	TITLE NAME	SECRETARY/TREASURER DIRECTOR G. RANDALL MORNINGSTAR	☐ Change ☑ Addition
STREET ADDRESS / CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	2902 BARRET AVE PLANT CITY FL 33566	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: G. RANDALL MORNINGSTAR 4/1/03 (813) 359-1200 X233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #