

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90153 040 ***150.00

DOCUMENT # P17131
1. Entity Name
THE SAN FRANCISCO MUSIC BOX COMPANY



Principal Place of Business
**3543 SIMPSON FERRY RD
CAMP HILL PA 17011
US**

Mailing Address
**3543 SIMPSON FERRY RD
CAMP HILL PA 17011
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-2625268**

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when 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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TOLER, JOHN	
STREET ADDRESS	112 W 34TH ST	
CITY-ST-ZIP	NY NY 10120	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HILPERT, DALE	
STREET ADDRESS	112 W 34TH ST	
CITY-ST-ZIP	NY NY 10120	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	CANNON, JOHN H	
STREET ADDRESS	112 W 34TH ST	
CITY-ST-ZIP	NY NY 10120	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, SHEILAGH M	
STREET ADDRESS	112 W 34TH ST	
CITY-ST-ZIP	NY NY 10120	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, Curt	
STREET ADDRESS	390 N Wiget LN	
CITY-ST-ZIP	Walnut Creek CA 94598	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anderson, Jan	
STREET ADDRESS	390 N Wiget LN	
CITY-ST-ZIP	Walnut Creek, CA 94598	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fencil, Rick	
STREET ADDRESS	390 N Wiget LN	
CITY-ST-ZIP	Walnut Creek, CA 94598	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kier, Joel	
STREET ADDRESS	390 N Wiget LN	
CITY-ST-ZIP	Walnut Creek, CA 94598	
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

Date

Daytime Phone #

CR2E034 (10/02)