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

## DOCUMENT # P92000010191

1. Entity Name

HULLINGER MUSIC STORE, INC.



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

03-24-2003 90239 021 \*\*\*150.00

| Principal Place<br>1818 79TH S<br>BRADENTON  |                                    | ;                                   | Mailing Address<br>1818 79TH ST. NW<br>BRADENTON FL 34209 |                      |             |  |             |  |             |                            |                              |                 |
|--|------------------------------------|-------------------------------------|---|----------------------|-------------|--|-------------|--|-------------|----------------------------|------------------------------|-----------------|
| 2. Principal F   | Place of Busin                     | ess                                 | 3. Mai  | 3. Mailing Address   |             |  |             |  |             |                            |                              |                 |
| Suite, Apt. #, etc.  |                                    |                                     |   | Suite, Apt. #, etc.  |             |  |             | CHECK HERE IF MAKING CHANGES                       |             |                            |                              |                 |
| City & State   |                                    |                                     |   | City & State         |             |  | 4.          | . FEI Number <b>65-0380729</b>                     |             | Applied For Not Applicable |                              |                 |
| Zip Country  |                                    |                                     |   |                      | ntry        | 5. Certificate of Status Desired S8.75 Additional Fee Required |             |  |             |                            |                              |                 |
|  | 6. Name                            | and Address of Current              | Registere   | ed Agent             |             | Name   | 7.          | Name and Address of New Re                         | gistered A  | gent                       |                              | 4               |
|  |                                    |                                     |   |                      |             | Name   |             | ,  |             |                            |                              |                 |
| HULLINGER, REBECCA JANE  |                                    |                                     |   | Street Address       |             |  | ss (P.O.    | (P.O. Box Number is Not Acceptable)                |             |                            |                              |                 |
|  | 1 STREET W                         |                                     |   |                      |             |  |             |  |             | <u> </u>                   |                              | <u> </u>        |
| BRADEN   | TON FL 342                         | 05                                  |   |                      |             |  |             |  |             |                            | •                            |                 |
|  |                                    |                                     |   |                      | City        |  |             | FL   | Zip Cod     | е                          | 1                            |                 |
| 8. The above the obligat   | e named entity<br>tions of registe | submits this statement fored agent. | or the purp   | oose of changing its | register    | ed office or regi  | stered a    | agent, or both, in the State of Flori              | da. I am fa | miliar with,               | and accept                   |                 |
| SIGNATURE  | Signature, typed                   | or printed name of registered ageni | and title if app  | olicable (NOTE       | : Registere | d Agent signature req  | juired wher | o 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 Fina Trust Fund Contribution. | ncing       |                            | <b>0</b> May Be<br>I to Fees | 1               |
| 10.  |                                    | OFFICERS AND                        | DIRECTO   | PRS                  | 11.         |  | Α           | <br>ADDITIONS/CHANGES TO OFFIC                     | ERS AND I   | DIRECTOR                   | S IN 11                      | 1               |
| TITLE  | P                                  |                                     |   | ☐ Delete             | TITL        | Ε  |             | · · · · · · · · · · · · · · · · · · ·              |             | Change                     | Addition                     | ୍ବି ହ           |
| NAME   | HULLINGE                           | R, REBECCA I                        |   |                      | NAM         | IE .   |             |  |             | ·                          | _                            | 5               |
| STREET ADDRESS   | 5 535 13TH STREET WEST             |                                     |   | STI                  |             | EET ADDRESS  |             |  |             |                            |                              | 4               |
| CITY-ST-ZIP  | BRADENTON FL 34205                 |                                     |   |                      |             | -ST-ZIP  |             |  |             |                            |                              | ] 👸             |
| TITLE  |                                    |                                     |   | ☐ Delete             | TITL        | E  |             |  |             | ☐ Change                   | ☐ Addition                   | CR2E034 (10/02) |
| NAME   |                                    |                                     |   |                      | NAM         |  |             | •  |             |                            |                              | ~               |
| STREET ADDRESS   | -                                  |                                     |   |                      |             | ET ADDRESS   |             |  |             |                            |                              |                 |
| CITY-ST-ZIP  |                                    |                                     |   |                      | CHY         | -ST-ZIP  |             |  |             |                            |                              | 1               |
| TITLE  |                                    |                                     |   | ☐ Delete             | TITL        |  |             | •  | [           | Change                     | Addition                     | Į               |
| NAME<br>Street address   |                                    |                                     |   |                      | NAM         | - 1  |             |  |             |                            |                              | l               |
| CITY-ST-ZIP  |                                    |                                     |   | <del></del>          |             | ET ADDRESS   |             |  |             |                            |                              |                 |
|  | -                                  |                                     |   |                      |             |  |             | <del></del>  | <del></del> |                            | F7 4 1 00                    | -               |
| TITLE<br>Name  | <u> </u>                           |                                     |   | ☐ Delete             | TITLE       |  |             |  | Į.          | Change                     | ☐ Addition                   |                 |
| STREET ADDRESS   |                                    |                                     |   |                      | NAM         | ET ADDRESS   |             |  |             |                            |                              |                 |
| CITY-ST-ZIP  |                                    |                                     |   |                      |             | -ST-ZIP  |             |  |             |                            |                              |                 |
| TITLE .  |                                    |                                     |   | ☐ Delete             | TITLE       |  |             |  | ſ           | Change                     | Addition                     | 1               |
| NAMÉ   |                                    |                                     |   | T Dalete             | NAM         | i  |             |  | ι           | unanys                     | ☐ \understand                |                 |
| STREET ADDRESS   |                                    |                                     |   |                      |             | ET ADDRESS   |             |  |             |                            |                              | 1               |
| DITY-ST-ZIP  |                                    |                                     |   |                      |             | -ST-ZIP  |             |  |             |                            |                              |                 |
| ritle  |                                    |                                     |   | ☐ Delete             | TITLE       |  |             |  | Г           | Change                     | Addition                     | †               |
| NAME   |                                    |                                     |   |                      | NAM         | i i  |             |  |             | 0,,ango                    | / .admoi)                    | ĺ               |
| STREET ADDRESS   |                                    |                                     |   |                      |             | ET ADDRESS 1   |             |  |             |                            |                              |                 |
| CITY-ST-7IP  | !                                  |                                     |   |                      | CITY        | _ST_7IP  |             |  |             |                            |                              | 1               |

12. I hereby certify that the information supplied with this filling 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: Relicion Grant Bulling OF FIGURE Relicion Hulling of 3/18/03 Gyl) 7/4-0376