2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000016418 DOCUMENT

1. Entity Name

DIMENSION MUSIC AND SOUNDEFFECTS, INC.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90904 031 ***150.00

	ce of Business ER FARMS RD. 33478	Mailing Address P.O. BOX 8495 JUPITER FL 33468-8495			7.				
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State			4. FEI	Number 65-0391826	—— ,	pplied For ot Applicable	
Zip	Country	Zip	Coun	ntry	5. Cer	tificate of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent			7Nar	ne and Address of New Register	ed Agent		
				Name					
BELL, REX M 16330 JUPITER FARMS RD.				Street Address (P.O. Box Number is Not Acceptable)					
JUPITER FL 33478				-	-				
				City			Zip Coo	le	
SIGNATURE F	e named entity submits this statement fortions of registered agent. Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	and title if applicable. (NOT)		ed office or regis d Agent signature reqi			\$ 5. 0	00 May Be	
	k Payable to Florida Department o				İ	real rand Contribution.	L Added	110 -662	
10.	OFFICERS AND	DIRECTORS	11.		ADDIT	IONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, REX M 16330 JUPITER FARMS RD. JUPITER FL 33478	☐ Delete		l l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, FRAN 16330 JUPITER FARMS RD. JUPITER FL 33478	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ı		ر از د معنی پیداید را دستی به رسید	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			, , , , , , , , , , , , , , , , , , , 		☐ Change	Addition	
TITLE		□ Doloto	TITLE					☐ A d d (1) t	

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

☐ Change

Change

☐ Addition

☐ Addition