## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # **P94000071543** 1. Entity Name A MERRY MINSTREL SINGING TELEGRAM, INC. 01-21-2000 90096 008 \*\*\*150.00 Principal Place of Business Mailing Address 201 PALM PLACE 695 WILMA ST SANFORD FL 32773-5241 STE 121 LONGWOOD FL 32750 2. Principal Place of Business DO NOT WRITE IN THIS SPACE ong wood City & tate City & State 4. FEI Number Applied For 59-3270632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERSON, MICHELE 201 PALM PLACE SANFORD FL 32773 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE Delete TITLE BALL, MICHELE NAME NAME 998 Elm-street STREET ADDRESS 201 PALM PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32773 JEFF PETERSON. ☐ Delete TITLE TITLE NAME NAME 998 Elm Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 0 veido-1-Fet 32765 ☐ Delete TITLE Addition TITLE NAME ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE TITLE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

MOCKULI KELEROM IRED

1-10-2000

407 <u>-9950</u>

Daytime Phone #