0521030

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093195

1. Entity Name

ANTHONY ANDRIANI MUSIC INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90217 037 ***150.00

						No.									
Principal Place of Business 2703 SW 1ST PLACE CAPE CORAL FL 33914 US			2703	Mailing Address 2703 SW 1ST PLACE CAPE CORAL FL 33914 US											
2. Principal Place of Business			3. Ma	3. Mailing Address				1111		LILII 11111 I	 	10116 (116	0 1) 01 13		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			City	City & State				Applied For Not Applicable						e	
Zip Country			Zip	Zíp Coun			5. Certificate of dialus besided Fee Re					3.75 Ad e Require			
	6. Name	and Address of C	urrent Register	ed Agent			7.	. Name ar	d Address	of New	Registe	red Age	ent		\Box
						-Name	=		بنتند						_
MOLLOY, MICHAEL A 2703 SW 1ST PLACE				Street Address (ess (P.O.	P.O. Box Number is Not Acceptable)							7
ì	RAL FL 33														
						City						FL	Zip Cod		
	named entit ions of regist		ment for the purp	oose of changing its	registere	ed office or regi	istered a	agent, or b	oth, in the S	State of F	lorida. I	am fam	iliar with	, and accept	.
SIGNATURE	Signature, typed	or printed name of register	red agent and title if app	plicable. (NOT	E: Registere	d Agent signature red	quired when	n reinstating)			D.	ATE		· 	
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10.		OFFICER	S AND DIRECTO)BS	11.			ADDITION:	S/CHANGE	S TO OF	FICERS	ANO DI	RECTOR	RS IN 11	-
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12 I hereby o	ortify that the	information suppli	ied with this filling	does not qualify for	the ave	mation stated is	- Cootio	n 110 07/3	Vi) Florido	Ctatutos	Livetho	r aartišu	that tha	information	7

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: 170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03

239 573-1691

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