

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91454 020 \*\*\*150.00

**2003 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P95000035577

**1. Entity Name**

Grady Shady Music Inc.

**Principal Place of Business** **Mailing Address**  
2145 NW 68 Street 1930 Alcazar Dr.

Miami, FL  
33147 Miramar, FL 33023

**2. Principal Place of Business**  
same

**3. Mailing Address**  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

65-0583859

**Applied For**

Not Applicable

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐ \$8.75

**Additional**

**Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Grady Champion  
7680 NW 5 Street, #3A 1930 Alcazar Dr.  
Plantation, FL 33324 Miramar, FL 33023

**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.**

**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 Department of State

**Mail to : Division of Corporations**

**Uniform Business Report Filings**

P. O. Box 1500, Tallahassee, FL 32302-1500

**9. Election Campaign Financing**

**\$5.00 May Be**

**Trust Fund Contribution.**

☐ **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PCEO ☐ Delete  
**NAME** Grady Champion  
**STREET ADDRESS** 7680 NW 5 Street, #3A 1930 Alcazar Dr.  
**CITY - ST - ZIP** Plantation, FL 33324 Miramar, FL 33023

**TITLE** Grady Champion ☒ Change ☐ Addition  
**NAME** 1930 Alcazar Dr.  
**STREET ADDRESS** Miramar, FL 33023  
**CITY - ST - ZIP**

**TITLE** COO ☒ Delete  
**NAME** Elise Keil  
**STREET ADDRESS** 7680 NW 5 Street, #3A  
**CITY - ST - ZIP** Plantation, FL 33324

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** COO ☐ Delete  
**NAME** Annie Jones  
**STREET ADDRESS** 2352 Hwy 16 East  
**CITY - ST - ZIP** Canton, MS 39046

**TITLE** COO ☐ Change ☒ Addition  
**NAME** Annie Jones  
**STREET ADDRESS** 2352 Hwy 16 East  
**CITY - ST - ZIP** Canton, MS 39046

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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

**SIGNATURE:**

Grady Champion, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

CRE034 (9/99)