

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90215 023 ***150.00

DOCUMENT # P95000087414



1. Entity Name
ALLIGATOR MUSIC AND GAMES, INC.

Principal Place of Business
**2400 LENT ROAD
APOPKA FL 32712**

Mailing Address
**P.O. BOX 574
PLYMOUTH FL 32768-0574
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3347548**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATZ, LAWRENCE H
341 N. MAITLAND AVENUE
SUITE 120
MAITLAND FL 32751**

Name
DEAN MEAD SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable)

**800 N. MAGNOLIA AVENUE
SUITE 1500**

City
ORLANDO

FL

Zip Code
32803

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. I am familiar with, and accept the obligations of registered agent. BY: **DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., as Sole Member**
LAUREN Y. DETZEL, VICE PRESIDENT

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 Florida Department of State**

9. Election/Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPV** ☒ Delete
NAME **ROGERS, DAVID R**
STREET ADDRESS **2400 LENT ROAD**
CITY-ST-ZIP **APOPKA FL**

TITLE **DPST** ☐ Change ☒ Addition
NAME **ROGERS, PATRICIA**
STREET ADDRESS **2400 LENT ROAD**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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: **PATRICIA ROGERS** **PATRICIA ROGERS, PRESIDENT** **2-12-03** **407-889-0680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)