

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 005 ***158.75

DOCUMENT # P96000071471

1. Entity Name

MUSIC WITH A MESSAGE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2625 NW 51st PL

3. Mailing Address

2625 NW 51st PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A c/o Marilyn Webb

City & State

City & State

Tamarac, FL

Tamarac FL

Zip

Country

Zip

Country

33309

USA

33309

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

650690754

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marilyn W. Webb

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

2625 NW 51st Place

City

Tamarac

FL

Zip Code

33309

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Marilyn W. Webb

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 24 2004

DATE

January 1 - May 1 - Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Marilyn W. Webb</u> <u>2625 NW 51st PL</u> <u>Tamarac, FL 33309</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary</u> <u>Marilyn W. Webb</u> <u>2625 NW 51st PL</u> <u>Tamarac, FL</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Treasurer</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn W. Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 04 (954) 714-8287

Date

Daytime Phone #

CR2E034B (12/02)