

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000074968**

1. Entity Name

EASY STRIDER MUSIC, INC.**FILED**
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90249 040 ***150.00

712618

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1299 SOUTH OCEAN BLVD. UNIT F-2 BOCA RATON FL 33432	Mailing Address 1299 SOUTH OCEAN BLVD. UNIT F-2 BOCA RATON FL 33432
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2. Principal Place of Business 755 TOLEDO DR.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON FL	City & State
Zip 33432	Country

4. FEI Number 65-0691220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RENZI, MICHAEL 1299 SOUTH OCEAN BLVD. UNIT F-2 BOCA RATON FL 33432
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 755 TOLEDO DR City & State BOCA RATON FL Zip Code 33432
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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 x Michael Renzi DATE 1/28/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RENZI, MICHAEL 1299 SOUTH OCEAN BLVD. UNIT F-2 BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 755 TOLEDO DR BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. SIGNATURE: x Michael Renzi DATE 1/28/01 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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CR2E034 (10/00)