

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90220 020 \*\*\*158.75

**DOCUMENT # P96000092130**

1. Entity Name  
**THE COMPACT DISC CORPORATION OF AMERICA**

Principal Place of Business  
 2717 SEVILLE BLVD.  
 G105  
 CLEARWATER FL 34624

Mailing Address  
 2717 SEVILLE BLVD.  
 G105  
 CLEARWATER FL 34624

2. Principal Place of Business  
 2717 Seville Blvd.  
 Suite, Apt. #, etc. 2104

3. Mailing Address  
 2717 Seville Blvd.  
 Suite, Apt. #, etc. 2104

City & State  
 Clearwater FL

City & State  
 Clearwater FL

4. FEI Number **59-3414788**

Applied For  
 Not Applicable

Zip 33764 Country Pinellas

Zip 33764 Country Pinellas

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

FOXX, ALAN J  
 2717 SEVILLE BLVD. #  
 #G105  
 CLEARWATER FL 33764

Name - **FOXX, ALAN J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2717 SEVILLE BLVD. #2104  
 City Clearwater FL Zip Code 33764

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 Alan J. Foxx A.J. Foxx CEO DATE 4/23/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP FOXX, ALAN 2717 SEVILLE BLVD #14207 #2104 CLEARWATER FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: Alan J. Foxx Alan J. Foxx, CEO Date 4/23/2001 Daytime Phone # (727) 724-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)