

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

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90333 011 \*\*\*150.00

DOCUMENT # *PA1000080779*

1. Entity Name  
*HeartSong, Inc.*

**DO NOT WRITE IN THIS SPACE**

*B0054092*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*1261 Penman Rd.*

3. Mailing Address  
*1950 Beach Ave.*

City & State  
*Jacksonville Beach, Fl.*

City & State  
*Atlantic Beach, Fl.*

4. FEI Number  
*59-3471761*

Applied For  
 Not Applicable

Zip Country  
*32250 Oval*

Zip Country  
*32233 Dural*

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

**DO NOT WRITE IN THIS SPACE**

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

Name  
*Karin H. Clark*

Street Address (P.O. Box Number is Not Acceptable)  
*1950 Beach Ave.*

City *Atlantic Beach, FL* Zip Code *32233*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
*President*  
 NAME  
*Karin H. Clark*  
 STREET ADDRESS  
*1950 Beach Ave.*  
 CITY-ST-ZIP  
*Atlantic Beach, Fl. 32233*

TITLE  
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**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: *Karin H. Clark*

*3/13/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)