

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90026 044 ***150.00

DOCUMENT # P97000080876**1. Entity Name**
RAVEN MUSIC, INC.**Principal Place of Business****9803 3RD AVENUE**
ORLANDO FL 32824**Mailing Address****9803 3RD AVENUE**
ORLANDO FL 32824**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3471531**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****VALENTINE, C.H.**
9803 3RD AVENUE
ORLANDO FL 32824**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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**

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

(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)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **DP** ☐ Delete
NAME **VALENTINE, C.H.**
STREET ADDRESS **9803 3RD AVENUE**
CITY-ST-ZIP **ORLANDO FL 32824****TITLE** **DT** ☒ Delete
NAME **RAUCHWARG, JAY**
STREET ADDRESS **8770 FOLEY DRIVE**
CITY-ST-ZIP **ORLANDO FL 32825****TITLE** **D** ☐ Delete
NAME **CARPENTER, NEIL**
STREET ADDRESS **1084 DELTONA BLVD**
CITY-ST-ZIP **DELTONA FL 32725****TITLE** **D** ☒ Delete
NAME **DEFOSSE, JEFF**
STREET ADDRESS **10627 JANE EYRE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32825****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Change ☒ Addition
NAME **COVILLE, KEITH**
STREET ADDRESS **1606 FINLEY AVENUE**
CITY-ST-ZIP **APOPKA, FL 32703****TITLE** **DB** ☐ Change ☒ Addition
NAME **VALENTINE, ROBIN**
STREET ADDRESS **9803 3RD AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32824****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**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:** *Robin Valentine* **ROBIN VALENTINE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

407-855-2721 Ext 304

Daytime Phone #

CR2E034 (9/01)