2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # **P97000097212** May 07, 2000 8:00 am Secretary of State PLANET MUSIC AND ENTERTAINMENT, INC. 05-07-2000 90022 034 ***150.00 Mailing Address Principal Place of Business 160 HARBOURSIDE CR. 160 HARBOURSIDE CR. JUPITER FL 33477-9377 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0798538 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HINTON, JAMES W Street Address (P.O. Box Number is Not Acceptable) 160 HARBOURSIDE CR JUPITER FL 33477 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete HINTON, JAMES W MAME NAME STREET ADDRESS STREET ADDRESS 160 HARBOURSIDE CR. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Change ■ Addition Delete TITLE TITLE HINTON, MARY D NAME NAME STREET ADDRESS STREET ADDRESS 160 HARBOURSIDE CR. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 recorded 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. an address, with all other like emp