

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90031 013 ***550.00

DOCUMENT # P97000102929

1. Entity Name
O'FIVE THE MUSIC COMPANY

Principal Place of Business

**1634 SE 47TH STREET
 STE 18
 CAPE CORAL FL 33901
 US**

Mailing Address

**1634 SE 47TH STREET
 STE 18
 CAPE CORAL FL 33901
 US**

2. Principal Place of Business

**2080 Tamiami TRAIL N
 Suite, Apt. #, etc.
 COASTLAND CENTER**

3. Mailing Address

**2080 Tamiami Trail N
 Suite, Apt. #, etc.
 COASTLAND CENTER**

City & State

Naples, FLORIDA

City & State

Naples, FLORIDA

Zip

34102

Country

US

Zip

34102

Country

US

4. FEI Number

65-0802139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KIESEWETTER, MICHAEL

NEW

**~~1634 SW 20TH PLACE~~ 2080 Tamiami Trail N
~~CAPE CORAL FL 33914~~ Naples, FLORIDA 34102**

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]

09-10-01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PETERSEN, JOERG**
 CITY-ST-ZIP **4344 SW 20TH PLACE
 CAPE CORAL FL 33914**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KIESEWETTER 09-10-01 941-435-4559
 Date Daytime Phone #

CR2E034 (5/01)