

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90088 028 ***150.00

009509 AV

DOCUMENT # P98000009586

1. Entity Name
WINDSONG ENTERTAINMENT INC.



Principal Place of Business
**238 W UNIVERSITY AVE
GAINESVILLE FL 32601**

Mailing Address
**1726 SW 42ND AVE
GAINESVILLE FL 32608**

2. Principal Place of Business

302 NW 34th St

Suite, Apt. #, etc.

3. Mailing Address

302 NW 34th St

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. FEI Number

59-3492056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David N. Moore**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

April 11, 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FLOYD, CHRISTOPHER B**
STREET ADDRESS **1553 NORTHWEST 21 AVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **V** ☐ Delete
NAME **ALLEN, ASHTON DEAN**
STREET ADDRESS **1553 NORTHWEST 21 AVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **V** ☐ Delete
NAME **GAIGNARD, MARK JOSEPH**
STREET ADDRESS **1553 NORTHWEST 21 AVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **SD** ☐ Delete
NAME **ROWELL, BENJAMIN B III**
STREET ADDRESS **1553 NORTHWEST 21 AVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **TD** ☐ Delete
NAME **MOORE, DAVID N**
STREET ADDRESS **1553 NORTHWEST 21 AVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** ☐ Delete
NAME **KURZMAN, DAVID**
STREET ADDRESS **1553 NORTHWEST 21 AVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

11. 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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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2003

Date

352-271-8001

Daytime Phone #

CR2E034 (10/02)