

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90034 031 ***150.00

DOCUMENT # P98000026675

1. Entity Name

RENN MUSIC PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

**211 SHORE RD
WINTER SPRINGS FL 32708****211 SHORE RD
WINTER SPRINGS FL 32708**

2. Principal Place of Business

1640 Edleshearan Dr.

3. Mailing Address

1640 Edleshearan Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mary, FLCity & State
Lk Mary, FL4. FEI Number **59-3505804**

Applied For

Not Applicable

Zip
32746Country
SeminoleZip
32746Country
Seminole5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****RENN, VEIT U
211 SHORE RD
WINTER SPRINGS FL 32708**

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 applicable.

(NOTE: Registered Agent's 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, 2001 Fee will be \$550.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	P	RENN, VEIT	211 SHORE RD WINTER SPRINGS FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	VPT	BROKINGTON-RENN, JANICE	211 SHORE RD WINTER SPRINGS FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: *Janice Brockington-Renn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01

Date

407-833-0555

Daytime Phone #

CR2E034 (10/00)