2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

GAINESVILLE FL 32606

C. S. KNIZLEY MUSIC, INC.



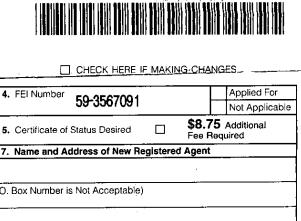
P98000070297 **DOCUMENT #** 1. Entity Name



Principal Place of Business Mailing Address 1517 NW 98TH STREET ?1517 NW 98TH STREET GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number 59-3567091 Country Zip Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KNIZLEY, CLIFFORD S Street Address (P.O. Box Number is Not Acceptable) 1517 NW 98TH STREET

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

04-14-2003 90362 026 ***150.00



Zip Code

	named entity submits this statement for the purp ions of registered agent.	ose of changing its re	egistered office or reg	gistered agen	nt, or both, in the State of Florida. I	am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE:	Registered Agent signature re	equired when reins	stating) DA	ΠE	
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 \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND DIRECTO	RS	11.	ADD	ITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINZLEY, CLIFFORD S 1517 NW 98TH STREET GAINESVILLE FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIZLEY, HOMER 1517 NW 98TH STREET GAINESVILLE FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- %	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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City

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.

CITY-ST-ZIP

CITY-ST-ZIP