

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90382 027 ***158.75

DOCUMENT # P98000071682

1. Entity Name
BIG HOUSE MUSIC INC.

Principal Place of Business

1408 GIBBS ST.
MELBOURNE FL 32901

Mailing Address

P.O. BOX 060157
1
PALM BAY FL 32906

SAME
↓

2. Principal Place of Business

2969 John Young Parkway
Suite, Apt. #, etc.
#110

City & State

Orlando, Fla.

Zip 32804 Country USA

3. Mailing Address

P.O. Box 060157

Suite, Apt. #, etc.

Palm Bay, Fla.

Zip 32906 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3531905

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, TONEYE
1408 GIBBS ST.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name Toneye Brown -
Street Address (P.O. Box Number is Not Acceptable)
2969 John Young Parkway
Suite 110
City Orlando FL Zip Code 32804

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, TONEYE	
STREET ADDRESS	1408 GIBBS ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROWN, IMANI	
STREET ADDRESS	2469 JOHN YOUNG PARKWAY #E	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	S	<input type="checkbox"/> Delete
NAME	POOLER, MAGGIE	
STREET ADDRESS	1408 GIBBS ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Toneye Brown	
STREET ADDRESS	2969 John Young Parkway #110	
CITY-ST-ZIP	Orlando, Fla. 32804	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jan Haskach	
STREET ADDRESS	2509 John Young Parkway #110	
CITY-ST-ZIP	Orlando, Fla. 32804	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Anthony	
STREET ADDRESS	2509 John Young Parkway #110	
CITY-ST-ZIP	Orlando, Fla. 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)