2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000088243

DOCUMENT # 1. Entity Name

GREAT MUSIC PERFORMANCE, INC.

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04-23-2003 90290 048 ***150.00

Apr 23, 2003 8:00 am Secretary of State

FILED

Principal Place of Business 5009 NW 103RD AVENUE CORAL SPRINGS FL 33076			5 00 9 (ng Address NW 103RD AVENUE L SPRINGS FL 33076								
2. Principal F	Place of Busin	less	3. Mai	3. Mailing Address				1				
Suite, Apt.	. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City	City & State			4.	4. FEI Number 65-0869240			oplied For ot Applicable	
Zip Country				Zip Country			5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	Name and Address of Current Registered Agent						_7.	Name and Address of New Reg	gistered Ag	ent		
ADD ACC	OLINITING O	TAV CEDUICE	MC			Name		,				
		TAX SERVICE,	, INC.			Street Add	dress (P.O.	s (P.O. Box Number is Not Acceptable)				
	OMMERCIA	r RTAN			-							
SUITE 100												
FORI LAU	IDERDALE F	-L 33309				City			FL	Zip Cod	е	
8. The above the obligat	named entity tions of regist	y submits this stat ered agent.	tement for the purp	ose of changing its	registered	office or re	egistered a	gent, or both, in the State of Florid	da. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of regis	stered agent and title if app	olicable, (NOTE:	: Registered	gent signature	required when	reinstating)	DATE			
Afte	r May 1, 200	! FEE IS \$150 03 Fee will be \$ 0 Florida Depar	550.00					Election Campaign Finar Trust Fund Contribution.	ncing		0 May Be	
10.		OFFICE	RS AND DIRECTO	l PRS	11.		A	DDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	S IN 11	
TITLE	DP			☐ Delete	TITLE	T		<u> </u>		Change	Addition	
NAME	JOHNSON,				NAME	Ì						
	1750 NW 3					ADDRESS						
CITY-ST-ZIP	LAUDERHII	L FL 33311			CITY-S	T-ZIP						
TITLE	ļ			☐ Delete	TITLE				[Change	Addition (
NAME STREET AODRESS					NAME	ADDRESS						
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STREET ADDRESS						ADDRESS					1	
CITY-ST-ZIP	L				: CITY-S	1-212						

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:

Daytime Phone #