

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100016

1. Entity Name

PHREEMUSIC.COM, INCORPORATED

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90023 019 \*\*\*150.00

Principal Place of Business

1516 BUNTING LANE  
SANIBEL FL 33957  
US

Mailing Address

P.O. BOX 855  
SANIBEL FL 33957-0855  
US

2. Principal Place of Business

1146 BUTTWOOD LANE  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 855  
Suite, Apt. #, etc.

City & State

SANIBEL, FL

City & State

SANIBEL, FL

4. FEI Number

65-0885723

Applied For

Not Applicable

Zip

33957

Country

USA

Zip

33957

Country

USA

5. 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

DAMIANI, RONALD A  
1516 BUNTING LANE  
SANIBEL FL 33957

Name - RONALD A. DAMIANI

Street Address (P.O. Box Number is Not Acceptable)  
1146 BUTTWOOD LANE

City

SANIBEL

FL

Zip Code

33957

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.

RONALD A. DAMIANI - CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/00

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, 2000 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	D DAMIANI, RONALD A 1516 BUNTING LANE SANIBEL FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, ROBERT L 2056 N POINT ALEXIS DR TARPOON SPRINGS FL 34689	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIDIA, NICK 818 E. MORNINGSID DR ATLANTA GA 30324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIDIA, KENNY 116 N CROFT AVE LOS ANGELES CA 90048	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

RONALD A. DAMIANI - CEO

Date

1/5/00

Daytime Phone #

(813) 395-3490

CR2E034 (9/99)