

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100572

1. Entity Name

TRIBE MUSIC GROUP CORPORATION

Principal Place of Business

2290 LAKE MARION DR.
APOPKA FL 32712

Mailing Address

P.O. BOX 608607
ORLANDO FL 32860-8607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILLIAMS, SUSAN J P.A.
5200 SO. U.S. HWY.17-92
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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 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, 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

TITLE PD ☐ Delete
NAME BROWN, CLINT S
STREET ADDRESS 2290 LAKE MARION DR.
CITY-ST-ZIP APOPKA FL 32712

TITLE VPD ☐ Delete
NAME BAUM, TERRY D
STREET ADDRESS 2290 LAKE MARION DR.
CITY-ST-ZIP APOPKA FL 32712

TITLE TD ☐ Delete
NAME BAUM, DEBRA A
STREET ADDRESS 2290 LAKE MARION DR.
CITY-ST-ZIP APOPKA FL 32712

TITLE SD ☐ Delete
NAME BROWN, ANGELA S
STREET ADDRESS 2290 LAKE MARION DR.
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ Delete
NAME MUNIZZI, DANIEL
STREET ADDRESS 2290 LAKE MARION DR.
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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

4-27-00

Date

(407) 292-8888

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE