

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90547 044 ***150.00

DOCUMENT # P98000100572

1. Entity Name
TRIBE MUSIC GROUP CORPORATION



Principal Place of Business
7601 FOREST CITY RD
ORLANDO FL 32810

Mailing Address
P.O. BOX 608607
ORLANDO FL 32860

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3562678

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, SUSAN J P.A.
5200 SO. U.S. HWY.17-92
CASSELBERRY FL FL327-07

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BROWN, CLINT S**
STREET ADDRESS **1906 OAKBROOK DR**
CITY-ST-ZIP **LONGWOOD FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **BAUM, TERRY D**
STREET ADDRESS **512 SPRING CLUB DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BAUM, DEBRA A**
STREET ADDRESS **512 SPRING CLUB DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
NAME **STO Debra A Baum**
STREET ADDRESS **512 Spring Club Dr**
CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE **SD** ☒ Delete
NAME **BROWN, ANGELA S**
STREET ADDRESS **1906 OAKBROOK DR**
CITY-ST-ZIP **LONGWOOD FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Charles Brown**
STREET ADDRESS **1405 Ruppert Lake Rd.**
CITY-ST-ZIP **Evansville LA 70535-9519**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED
Angela S. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03
Date

407-210-8888
Daytime Phone #

CR2E034 (10/02)