## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P98000108462 **DOCUMENT #**

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

SIMONS MUSIC STUDIO, INC.								03-17-2003 91	051 046	***150	.00
Principal Pla 1639 CAPE SUITE 206 CAPE CORA		s	1708	Mailing Address 1708 SW44TH ST CAPE CORAL FL 33914				L (BB)(IBN) (VB (B)FF) (B)(V BB)(V BB)(V	<u>1416) (1811 481</u>		<b>1</b>
2. Principal	ng Address										
Suite, Ap	t. #, etc.		Suit	Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES			
City & Sta	ate	<del> </del>	City & State			4.		91-1950715			pplied For
Zip Country			Zip	Zip Cour			5.	Certificate of Status Desired		8.75 Ac ee Require	
	6. Name	and Address of Curre	nt Registere	ed Agent		j ·	7.	Name and Address of New Reg			
						Name	•				
NRAI SEI	rvices, inc	4			Street Address (P.O. Box Number is Not Acceptable)						
526 E PA	ARK AVE	*****				Street Addres	55 (F.O. I	box Number is Not Acceptable)			
TALLAHA	SSEE FL 32	301				.,					
						City			FL	Zip Coc	le l
8. The above the obliga	e named entity ations of regist	v submits this statement ered agent.	for the purp	ose of changing its	register	ed office or regis	stered ag	gent, or both, in the State of Florid	la. I am far	niliar with,	and accept
											}
SIGNATURE		or printed name of registered age	nt and title if app	licable. (NOTE	: Registere	d Agent signature requ	Jired when r	reinstating)	DATE		
	II E NOWII	EEE   0 01E0 00									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing		00 May Be d to Fees
10.	, ,	OFFICERS AN	ID DIRECTORS 11.			·	ΑΓ	L DDITIONS/CHANGES TO OFFICE	BS AND D	IRECTOR	S IN 11
TITLE	PTD			☐ Delete	TITLE			27.10.107.517.4142.5 10 011101		Change	Addition
NAME	SIMONS, F	ROSS D			NAM	E			_	_ onego	
STREET ADDRESS	1708 SW 4				STRE	ET ADDRESS					1
CITY-ST-ZIP	<del>                                     </del>	AL FL 33914	<del>-</del>		CITY	-ST-ZIP					
TITLE	VPSD			☐ Delete	TITLE					] Change	Addition
NAME STREET ADDRESS	Company Mariting 0.				NAMI						[ ]
CITY-ST-ZIP		AL FL 33914				ET ADDRESS -ST-ZIP					
TITLE	CALL CON	AL FL 33914		- Delete							
NAME				- El Delette	TITLE NAME	i	- 1944	· Same and Same	ಇಂ≂ು⊳[	_ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CITY-	ST-ZIP					
TITLE				☐ Delete	TITLE					Change	Addition
NAME					NAME	:			_		
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					CITY-	ST-ZIP			77.1		
TITLE NAME				Delete	TITLE					] Change	☐ Addition
STREET ADDRESS					NAME	T ADDRESS					}
CITY-ST-ZIP						ST-ZIP					}
TITLE			<del>.</del>	Delete	<del></del>			<del>,</del>		7.06	
NAME				Delete	TITLE NAME				L.	] Change	☐ Addition
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP					CITY-	ST-ZIP					
12. Thereby o	ertify that the	information supplied will	h this üling c	does not qualify for t	he even	antion stated in C	Contine 1	119.07(3)(i). Florida Statutes I fur			

indicated on this report or supplemental poor 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 true a movement 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 a larger same with all other like empowered.

SIGNATURE:

Simons