

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019580

1. Entity Name
JUKEBOX LEARNING, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90012 005 ***550.00

Principal Place of Business
1578 REGAL OAK DR.
KISSIMMEE FL 34794

Mailing Address
P.O. BOX 1599
WINTER PARK FL 32790

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
c/o Edward M. Livingston, Esq.
Suite, Apt. #, etc.
P.O. Box 1599



DO NOT WRITE IN THIS SPACE

City & State
Winter Park, FL 32790

4. FEI Number
59-3561452
Applied For
Not Applicable

Zip Country
32750 US

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

6. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M
628 ELLEN DRIVE
WINTER PARK FL 32790

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	LONG, DONNA M	
STREET ADDRESS	1578 REGAL OAK DR.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCIA, ALEXANDER D	
STREET ADDRESS	18503 TIMBER OAKS DR.	
CITY-ST-ZIP	DALLAS TX 75287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Long, Donna M.	
STREET ADDRESS	1578 Regal Oak Dr.	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucia, Alexander D.	
STREET ADDRESS	18503 Timber Oaks Dr.	
CITY-ST-ZIP	Dallas, TX 75287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Donna M. Long 407-847-8861 July 16, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)