2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 11, 2000 8:00 am
Secretary of State
04-10-2000 90083 028 ***150.00

DOCUMENT # P99000038427

1. Entity Name

SPRINGFIELD MUSIC GROUP, INC.

Principal Place of Business	Mailing Address
10181 W. SAMPLE ROAD FIRST FLOOR CORAL SPRINGS FL 33065	10181 W. SAMPLE ROAD FIRST FLOOR CORAL SPRINGS FL 33065-3956

DO NOT WRITE IN THIS SPACE

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 65-0916207 ☐ Applied For ☐ Not Applicable

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
POZZUOLI, EDWARD 10181 W. SAMPLE ROAD FIRST FLOOR CORAL SPRINGS FL 33065	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 $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	PSTD MARDONES, BENNY 10181 W. SAMPLE ROAD, FIRST FLOOR CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POZZOULI, EDWARD 10181 W. SAMPLE ROAD, FIRST FLOOR CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition

CR2E034 (9/99)

Hearing/Voice Impaired may call (850) 487-6096 (TDD).

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.