

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059704

1. Entity Name

LEGENDS MUSIC & MEMORABILIA, INC.

Principal Place of Business

305 WINSTON CREEK PARKWAY  
LAKELAND FL 33810

Mailing Address

305 WINSTON CREEK PARKWAY  
LAKELAND FL 33810

2. Principal Place of Business

3108 CENTRAL DR

Suite, Apt. #, etc.

3. Mailing Address

3108 CENTRAL DR

Suite, Apt. #, etc.

City & State

PLANT CITY FL

City & State

PLANT CITY FL

Zip

33567

Country

HILLSBOROUGH

Zip

33567

Country

HILLSBOROUGH

4. FEI Number

59-3591587

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, SAMUEL J  
305 WINSTON CREEK PARKWAY  
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

1200 GULF BLVD UNIT 1803

City

CLEARWATER

FL

Zip Code  
33767

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, 2002 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

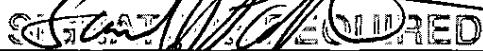
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, SAMUEL J 2006 COUNTRY CLUB COURT PLANT CITY FL 33567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 GULF BLVD UNIT 1803 CLEARWATER FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTERSON, MARYANN E 2006 COUNTRY CLUB COURT PLANT CITY FL 33567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME AS ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

 S. J. PATTERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

(813) 359-1200

Daytime Phone #

FILED  
Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90096 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)