

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075692

1. Entity Name  
THE SONG COMPANY.COM, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 17 PM 12:32

Principal Place of Business  
1055 DEL HARBOUR DRIVE  
DELRAY BEACH FL 33483

Mailing Address  
1055 DEL HARBOUR DRIVE  
DELRAY BEACH FL 33483

40 WH/MILMOE & ASSOCIATES

2. Principal Place of Business

3. Mailing Address  
5811 NE 14TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
FT. LAUDERDALE, FL

4. FEI Number

65-0954388

Applied For

Not Applicable

Zip

Country

Zip

33334

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, MATTHEW J  
1055 DEL HARBOUR DRIVE  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name  
W. H. MILMOE

Street Address (P.O. Box Number is not acceptable)  
5811 NE 14TH LANE

City  
FT. LAUDERDALE

FL

Zip Code  
33334

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

*Matthew J O'Connor*

*W. H. MILMOE*

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
O'CONNOR, MATTHEW J  
1055 DEL HARBOUR DRIVE  
DELRAY BEACH FL 33483 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
O'CONNOR, JENNIFER L  
1055 DEL HARBOUR DRIVE  
DELRAY BEACH FL 33483 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
REINSTATEMENT *OO*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500003440315--9  
-10/26/00--01052--003  
\*\*\*\*750.00 \*\*\*\*750.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
*10/23*

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

*Matthew J O'Connor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/13/00*  
Date

Daytime Phone #

CR2E034 (5/00)