

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078306

1. Entity Name

SONG 1, INC.

Principal Place of Business

4980 N. CITATION DRIVE
NO. 105
DELRAY BEACH FL 33445

Mailing Address

4980 N. CITATION DRIVE
NO. 105
DELRAY BEACH FL 33445-6573

2. Principal Place of Business

414 W. Lantana Rd.

Suite, Apt. #, etc.

Suite B

City & State

Lantana, FL

Zip

33462

Country

USA

3. Mailing Address

414 W. Lantana Rd.

Suite, Apt. #, etc.

Suite B

City & State

Lantana, FL

Zip

33462

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0952468

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, MARVIN E
4980 N. CITATION DRIVE
APT. 105
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name Marvin E Marshall

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

414 W. Lantana Rd

Suite B

City

Lantana

FL

Zip Code

33462

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-16-2000

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, 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

TITLE P
NAME Elizabeth A. Stibal
STREET ADDRESS 1670-7 Stonehaven Dr.
CITY-ST-ZIP Boynton Beach, FL 33436

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Elizabeth A. Stibal
STREET ADDRESS 1670-7 Stonehaven Dr.
CITY-ST-ZIP Boynton Beach, FL 33436

☐ Change

☒ Addition

TITLE
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☐ Change

☐ Addition

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 life empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-2000

Date

(561)

540-6051

Daytime Phone #

CR2E034 (9/99)