

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
20000132
DIVISION OF CORPORATIONS

1072

FILED

00 OCT 23 AM 11:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # **P99000085876**

1. Corporation Name

MUSIC BUDDIES, INC.

Principal Place of Business

**13015 BELLERIVE LANE, SUITE 201
ORLANDO FL 32828**

Mailing Address

**13015 BELLERIVE LANE, SUITE 201
ORLANDO FL 32828**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12472 LAKE UNDERHILL RD

Suite, Apt. #, etc.

340

City & State

ORLANDO FLORIDA

Zip

32828

Country

ORANGE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1999

5. FEI Number

59-3599136

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	CHRISTOPHER BOLAN	12472 LAKE UNDERHILL RD # 340	ORLANDO, FL 32828
CEO	Budd Rippod	" "	" "
VP	ANNA CICCARELLI	" "	" "
VP	TONY CICCARELLI	" "	" "
DEVELOPER			

200003456042-3
-11/07/00--01116--024
****150.00 ****150.00

8. Name and Address of Current Registered Agent

**BOLAN, CHRISTOPHER
13015 BELLERIVE LANE, SUITE 201
ORLANDO FL 32828**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/20/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE REQUIRED
CHRISTOPHER BOLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/00 407-282-8994

Daytime Phone #



12472 Lake Underhill Rd.
Suite #340
Orlando, Florida 32828
407-282-8999 Fax 407-273-4636
musicbuddies@mindspring.com
www.musicbuddies.com

October 20, 2000

To Whom It May Concern:

We have only received the document attached. I called and changed our address and the examiner told us it was ok. We did not receive any request for a fee our any information on the uniform filing code.

We are a new company and would request a one-time waiver of any late charges because we did not receive any information.

Could you please change our address to above on the letterhead and send us any information to that address.

We incorporated in Sept 1999 and have only invested money into the product.

This product will be on the market December 2000.

We have produced no revenue to this date

Our Federal Tax Identification number is 59-3599136

Sincerely,


Chris Bolan