2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000085876

1. Entity Name

MUSIC BUDDIES, INC.

SIGNATURE:



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90074 044 ***150.00

Principal Place of Business 12472 LAKE UNDERHILL RD. #340 ORLANDO FL 32828		Mailing Address 12472 LAKE UNDERHILL RD SUITE #340 ORLANDO FL 32828			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3599136 Applied For Not Applicable	
Zip	Country - ~ -	Zip	Country	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	
13015 BEI ORLANDO	HRISTOPHER LLERIVE LANE, SUITE 201 FL 32828	The second of the second in	City JZ	Gd Florida Lam familiar with, and accept	
the obligati SIGNATURE _	named entity submits this statement to one of registered agent Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00	1/2	S registered affice of te	gistered agent, or both, in the State of Florida. I am familiar with, and accept equired when reinstating) 9. Election Campaign Financing\$5.00 May Be	
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State		Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bolan, Christopher 12472 Lake Underhill Rd., # Orlando Fl 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FILIPPO, BUDD 12472 LAKE UNDERHILL RD., # ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CICCARELLI, ANNA 12472 LAKE UNDERHILL RD., # ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CICCARELLI, TONY 12472 LAKE UNDERHILL RD., # ORLANDO FL 32828	☐ 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 STREET ADDRESS CITY-ST-ZIP		□ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated	Certify that the information supplied will don this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an address	nowered to execute this repo	rt as required by Chapt	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information the the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	