

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90502 032 ***150.00

DOCUMENT # **P 99000105562**
1. Entity Name

MILLENNIUM SOUNDS INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 755 ORCHID DRIVE		3. Mailing Address 755 ORCHID DRIVE	
Suite, Apt. #, etc. ROYAL PALM BEACH FL		Suite, Apt. #, etc. ROYAL PALM BEACH	
City & State FLORIDA		City & State FLORIDA	
Zip 33411	Country USA	Zip 33411	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0956959	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DENNIS P. BROWN	
Street Address (P.O. Box Number is Not Acceptable) 755 ORCHID DRIVE	
City ROYAL PALM BEACH	FL Zip Code 33411

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 _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME ALOYSIUS CAMPBELL
STREET ADDRESS 755 ORCHID DR.	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	
TITLE VICE PRESIDENT	NAME DENNIS P. BROWN
STREET ADDRESS 755 ORCHID DR.	
CITY-ST-ZIP ROYAL PALM BEACH - FL 33411	
TITLE SECRETARY	NAME CLEARIE M. BROWN
STREET ADDRESS 755 ORCHID DRIVE	
CITY-ST-ZIP ROYAL PALM BEACH FL 33411	
TITLE	NAME
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037B (12/01)