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Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P99000107757 1. Entity Name CAPTAIN MUSIC, INC. 05-03-2001 91142 003 \*\*\*150.00 Principal Place of Business Mailing Address 2900 RAINTREE LAKE CIRCLE 2900 RAINTREE LAKE CIRCLE MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 3. Mailing Address 55 FLORIDA BLVD 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3613128 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name ROMANO, LEE A Box Number is Not Acceptable 2900 RAINTREE LAKE CIRCLE MERRITT ISLAND FL 32953 Zip Code 8. The above named entity sub tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or pri e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ☐ Addition NAME ROMANO, LEE A NAME 55 FLORIDA BLUD MERRITT ISL, FL STREET ADDRESS STREET ADDRESS 2900 RAINTREE LAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete TITLE ☐ Addition NAME ROMANO, PATRICIA NAME 65 FLORIDA-BLUD MERRITT DEL, FC STREET ADDRESS STREET ADDRESS 2900 RAINTREE LAKE CIRCLE CITY-ST-ZIP CITY-ST-7IP MERRITT ISLAND FL 32953 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP h this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental renof the corporation or the receiver or trusted changed, or on an attachment with ar with all other like empowered 321-427-3479