

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90042 010 ***150.00

358791

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000110545						May 10, 2002 8:00 am Secretary of State 05-10-2002 90042 010 ***150.00																	
1. Entity Name A BACK TO BUDGET LIVE MUSIC, INC.																							
Principal Place of Business 5970 SW 18TH ST #E1-115 BOCA RATON FL 33433						Mailing Address 5970 SW 18TH ST #E1-115 BOCA RATON FL 33433																	
2. Principal Place of Business						3. Mailing Address																	
Suite, Apt. #, etc.						Suite, Apt. #, etc.																	
City & State						City & State																	
Zip			Country			Zip			Country														
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent																	
GILBERT, ROBERT 5970 SW 18TH ST #E1-115 BOCA RATON FL 33433						Name																	
						Street Address (P.O. Box Number is Not Acceptable)																	
						City FL Zip Code																	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>						FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State						10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees											
11. OFFICERS AND DIRECTORS												12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
TITLE: D NAME: GILBERT, ROBERT STREET ADDRESS: 5970 SW 18TH ST #E1-115 CITY-ST-ZIP: BOCA RATON FL 33433 <input type="checkbox"/> Delete						TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition																	
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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 like empowered.																							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>												Date: 4-24-02 Daytime Phone #: 445-6503											