## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #** V15775

1. Entity Name

SING-ALONG MUSIC WORLD, INC.



**FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90148 044 \*\*\*150.00

Zip Country Zip Country  Zip Country  5. Certificate of Status Desired Search S				WE TO S				
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   Status Desired   Status Desired   Status Desired   State Desired	222 S SEMORAN 22 ORLANDO FL 32807 OF		222 S SEMORAN BLVD ORLANDO FL 32807		-   		BSI BIGIII BIGII (GAN	
Suite, Apt. #, etc.    City & State	2. Principal Place of Business	3. Mailing A	Address					
City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  S8.75 Addition  S8.75 Addition  S8.75 Addition  S8.75 Addition  Street Address of New Registered Agent  TOLENTINO, EMELYNE  4833 SUDBURY DR.  ORLANDO FL 32826  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box	Suite, Apt. #, etc.	Suite, Apt	t. #, etc.					
Zip Country Zip Country S. Certificate of Status Desired S. S. 75 Addit Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  TOLENTINO, EMELYNE 4833 SUDBURY DR. ORLANDO FL 32826  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  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. I am familiar with, an endigations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00  TILE  MAME  MAME  D TOLENTINO, EMELYNE  4833 SUDBURY DR. ORLANDO FL  D Delete  TILE  MAME  D TOLENTINO, EMELYNE  4833 SUDBURY DR. ORLANDO FL  D Delete  TILE  MAME  ASSUBBLY DR. ORLANDO FL  D Delete  TILE  MAME  ASSUBBLY DR. ORLANDO FL  Change  Ch	City & State		City & State		<u> </u>			
6. Name and Address of Current Registered Agent  TOLENTINO, EMELYNE 4833 SUDBURY DR. ORLANDO FI, 32826  City  FL  Zip Code  City  Added to City  Added to Contribution  Added to Contribution  City  Added to Contribution  City  Added to Contribution  City  Added to Contribution  City  City  FL  City  City  FL  City  Change  City  Change  City  City  Change  City  City  Change  City  City  Change  City  Chan	Zip Co.				4. FEI Number 59-3107593		Applied For Not Applicable	
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A833 SUDBURY DR. ORLANDO FL 32826  City  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. I am familiar with, an familiar with, an statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an familiar with,	TOLENTING ENELVALE	•		Name		Agent		
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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 Fiorida. I am familiar with, an SIGNATURE    Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstalling)   DATE				-1100171001000 (1	.o. box Number is Not Acceptable)			
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/29/3 Florida Control of this report or control of the control of this report of control of the control of this report o	hereby certify that the information	grown final college of the grown	CHY-ST-Z	(IP				

I hereby certify that the information supplied with this filling 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 10 or Block 11 if the corporation 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 10 or Block 11 if the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE: