FILED **2001 UNIFORM BUSINESS REPORT (UBR)**

Mar 09, 2001 8:00 am DOCUMENT # P0000018040 **Secretary of State** 1. Entity Name 03-09-2001 90496 003 ***150.00 HENRY JEROME MUSIC, INC. Principal Place of Business Mailing Address 10340 N.W. 16TH ST. 10340 N.W. 16TH ST. 00023698 **PLANTATION FL 33322-6617** PLANTATION FL 33322-6617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 13 - 2776660 Applied For City & State City & State Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEROME, HENRY Street Address (P.O. Box Number is Not Acceptable) 10340 N.W. 16TH ST. PLANTATION FL 33322-6617 City Zip Code 8. The above named entity submits this statement for the purpose of enging its registered office or registered agent, or both, in the State of Florida. SIGNATURE NOTE. Registered Agent signature required when reinstating) to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing equirement 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition TITLE-☐ Change Delete---TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$1-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 additional management of the corporation of the corpor

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - ST-7IP

☐ Change

Addition