

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/7/01

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90011 005 \*\*\*150.00

**DOCUMENT # P01000000251**

1. Entity Name  
**PANSY-TIME MUSIC, INC.**

Principal Place of Business 700 NE 14TH AVE., APT. 411 HALLANDALE FL 33309	Mailing Address 700 NE 14TH AVE., APT. 411 HALLANDALE FL 33309
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38228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-1067337</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SPIRO, BERNIE**  
 700 NE 14TH AVE., APT. 411  
 HALLANDALE FL 33309

7. Name and Address of New Registered Agent  
 Name **ROBERT E. MALKONEY, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3801 N. FEDERAL HWY**  
 City **Plantation, FL** Zip Code **33064**

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]* **ROBERT E. MALKONEY** DATE **3/24/01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**P-D-T-S**  
**Bernard Spiro**  
 700 N.E. 14th Ave., Apt 411  
 Hallandale, FL 33009

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: *[Signature]* **BERNIE SPIRO** DATE **3/24/01** DAYTIME PHONE # **954-458-9889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/00)