2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-02-2004 90065 012 ***150.00

DOCUMENT # P03000026779

1. Entity Name
UNION MUSIC GROUP, INC.

Principal Place of Business	Mailing Address
1825 PONCE DE LEON BLVD #325 MIAMI BEACH, FL 33138	1825 PONCE DE LEON BLVD #325 MIAMI BEACH, FL 33138

66414829

03302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
201 S. Biscayne Blvd.			
Suite, Apt. #, etc. 28th Floor		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33131	Country USA	Zip	Country

4. FEI Number 04-3747674 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEVIA, ALREEN 1337 15 TERRACE #06 MIAMI BEACH, FL 33139	Name Ricardo Ordoñez Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Key Blvd. #1406 City Miami FL Zip Code 33131

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, and accept the obligations of registered agent.

SIGNATURE Ricardo Ordoñez 03-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEVIA, ALREEN 1337 15 TERRACE #06 MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ricardo Ordoñez 801 Brickell Key Blvd. #1406 Miami FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ricardo Ordoñez 801 Brickell Key Blvd. #1406 Miami FL 33131	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ricardo Ordoñez 03-30-04 305-9137534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #