

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90166 023 \*\*\*150.00

0369109 AV

DOCUMENT # **P96000033969**

1. Entity Name  
**TOTAL MUSIC DISTRIBUTORS, INC.**



Principal Place of Business  
**TOTAL MUSIC DISTRIBUTORS**  
**P.O. BOX 260007**  
**PEMBROKE PINES FL 33026-0007**  
**US**

Mailing Address  
**TOTAL MUSIC DISTRIBUTORS INC**  
**1050 E OAKLAND PARK BLVD**  
**FORT LAUDERDALE FL 33334**  
**US**



2. Principal Place of Business  
**TOTAL Music Distributors**

3. Mailing Address  
**TOTAL Music Distributors**

Suite, Apt. #, etc.  
**13734 NW 15<sup>TH</sup> STREET**

Suite, Apt. #, etc.  
**13734 NW 15<sup>TH</sup> STREET**

City & State  
**PEMBROKE PINES, FL**

City & State  
**PEMBROKE PINES, FL**

CHECK HERE IF MAKING CHANGES

Zip  
**33028**

Country  
**USA**

Zip  
**33028**

Country  
**USA**

4. FEI Number  
**65-0688794**

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

**WLMC REGISTERED AGENTS, INC.**  
**701 BRICKELL AVE.**  
**SUITE 2000**  
**MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>PALMIERI, MARIO</b><br><b>AV. PRINCIPAL DE CAURIMARE, PISO 4, APT.41</b><br><b>EL CAFETAL, CARACAS VENEZUEL</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/1/03** Daytime Phone # **(954) 885-6542**

CR2E034 (10/02)