

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075771

1. Entity Name

MDJP MUSIC PRODUCTIONS, INC.

FILED
00 SEP -7 PM 12:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

685 OAK HOLLOW WAY
 ALTAMONTE SPRINGS FL 32714-1838

685 OAK HOLLOW WAY
 ALTAMONTE SPRINGS FL 32714-1838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3595272

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

PAGAN, JOSEPH M
685 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL 32714-1838

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	VSD <input type="checkbox"/> Delete
NAME	PAGAN, JOSEPH M
STREET ADDRESS	685 OAK HOLLOW WAY
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-1838
TITLE	PTD <input type="checkbox"/> Delete
NAME	DUMAS, MIGEL
STREET ADDRESS	1418 DOGWOOD COURT
CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAS, MIGUEL A.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY M. CHICABELLO
STREET ADDRESS	688 OAK HOLLOW WAY
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONIO CAPONE
STREET ADDRESS	1143 CROSS CREEK CIRCLE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 address, with all other like empowered.

SIGNATURE: JOSEPH M. PAGAN PRESIDENT Date: 9-5-00 Daytime Phone #: 407 247-9856

CR2E034 (5/00)

KE