

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90885 032 ****61.25

DOCUMENT # **N9900006873**

1. Entity Name
The Miami Music Authority, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8306 Mills Drive

3. Mailing Address
8306 Mills Dr.

Suite, Apt. #, etc.
#249

Suite, Apt. #, etc.
#249

City & State
Miami FL

City & State
Miami, FL

4. FEI Number **65-0950099**
Applied For
Not Applicable

Zip **33183** Country **USA**

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

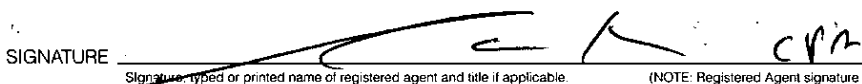
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Jason Klein**
Street Address (P.O. Box Number is Not Acceptable)
8306 Mills Dr. #249
City **Miami** FL Zip Code **33183**

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  **CRM** DATE **4/28/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FEE IS \$61.25
Initial or Amended UBR**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Director	Jason Klein	8306 Mills Dr #249	Miami FL 33183				
Director	Marco Cochiano	- Same address					
Director	Louis Tentock	- Same address					
Director	Kevin Fabrikant	- Same address					

**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE  DATE **4/30/02** **305-2736703**

CR2E037B (12/01)