

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000648

1. Entity Name

ALTTUNES PARTNERS, LP

Principal Place of Business

740 BROADWAY, 2ND FLOOR
NEW YORK NY 10003

Mailing Address

740 BROADWAY, 2ND FLOOR
NEW YORK NY 10003-9518

2. Principal Place of Business

15 W. 28TH ST.

3. Mailing Address

15 W. 28TH ST.

Suite, Apt. #, etc.

5TH FLOOR

Suite, Apt. #, etc.

5TH FLOOR

City & State

NEW YORK NY

City & State

NEW YORK NY

Zip

10001

Country

USA

Zip

10001

Country

USA

4. FEI Number

13-3774596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME NYE, AMY J
STREET ADDRESS 333 EAST 69TH STREET
CITY - ST - ZIP NEW YORK NY 10021

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/30/00 212 696 0050

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -4 PM 6:25



DO NOT WRITE IN THIS SPACE

CR2F003 (9/99)