

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004422

FILED
Apr 13, 2009
Secretary of State

Entity Name: MULTICULTURAL MUSIC GROUP INCORPORATED

Current Principal Place of Business:

114 BRIGGS AVE
YONKERS, NY 10701

New Principal Place of Business:

Current Mailing Address:

114 BRIGGS AVE
YONKERS, NY 10701

New Mailing Address:

FEI Number: 13-3894314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVARRO, ROBERTO
4252 SW WINSLOW STREET
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: MOJICA, LUIS DR
Address: 601 WALTON AVE
City-St-Zip: BRONX, NY 10451

Title: P () Delete
Name: BREWSTER, WINSTON
Address: 3020 PAULDING AVE
City-St-Zip: BRONIX, NY 10469

Title: VP () Delete
Name: HODGE, BRIAN
Address: 390 GEORGE STREET 410
City-St-Zip: NEW BRUNSWICK, NJ 08901

Title: S () Delete
Name: RAMOS, CARLOS
Address: 605 WALTON AVE
City-St-Zip: BRONX, NY 10451

Title: T () Delete
Name: ORTIZ, DELCA
Address: 71 CONVENT AVE
City-St-Zip: NEW YORK, NY 10027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MOJICA

DIR.

04/13/2009

Electronic Signature of Signing Officer or Director

Date