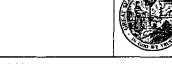
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## F93000004643 DOCUMENT #

TRI-MOON MUSIC, INC.



**FILED** Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90162 006 \*\*\*150.00

						- TITE								
Principal Place of Business POST OFFICE BOX 11221 FT. LAUDERDALE FL 33339			Mailing Address POST OFFICE BOX 11221 FT. LAUDERDALE FL 33339											
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. FEI Number 65-0434670					pplied For	
Zip Country			Zip Cou			5. Certificate of Sta				ed_		8.75 Ad		7
6. Name and Address of Current						<u> </u>						30.	= -	
	b. Name	and Address of Current	Registere	ed Agent		N1	7. 1	vame and	Address of Ne	w Regi	stered A	gent		$\dashv$
COSENTINO, CHRISTINE 2555 NE 11TH ST						Name Street Addre	ss (P.O. B	ox Numbe	r is Not Accept	table)	., <u>.</u> .,			
# 308														
FORT LAUDERDALE FL 33304						City			-		FL	Zip Coc	le	1
	tions of regist							· · <u></u>	n, in the State o	of Florida		miliar with,	and accept	
	Signature, typed	or printed name of registered agent a	and title if app	olicable. (NOTE	E: Registere	d Agent signature req	uired when re	instating)			DATE			
FILE NOW!!! FEE IS \$150.00 After May 1,2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Tru	ction Campaig st Fund Contrib	oution.		Adde	00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	PRS	11.		AD	DITIONS/	CHANGES TO	OFFICE	RS AND I	DIRECTOR	S IN 11	┧,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2555 NE 1	O, CHRISTINE E 1TH ST <del># 308</del> DERDALE FL 33304		☐ Delete			#	610			•	Change	☐ Addition	(00)07)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			1 2 3 3 1 1 1			_		☐ Change	<sup>1</sup> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>	□ Delete							<u> </u>	☐ Change	Addition	
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49 I boroby s	والمتعاد والمتال والمتالية	المالان بالمراكس ورباها وبوالا والمحاسمة والمالية	ALC: ACIDA A	Alman maker and the fire	AL	بالزار والمستملة والمستملة والمستمر	Charles	140 07/01/	Valley of the Country of	1	44		-6	- 1

Thereby certify that the information supplied with this filling 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:**