

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005961

1. Entity Name
Nuevo Mundo Music, Inc.

Principal Place of Business
2425 Olympic Blvd.,
Suite 4050 West
Santa Monica, CA 90404

Mailing Address
2425 Olympic Blvd.,
Suite 4050 West
Santa Monica, CA 90404

2. Principal Place of Business
2290 W. 8 Avenue
Suite, Apt. #, etc.

3. Mailing Address
2290 W. 8 Avenue
Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State
Hialeah, Florida

Zip
33010

Country

4. FEI Number
95-4762816

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

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 _____ (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 \$150.00
After MAY 11, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY - ST - ZIP	PCD Alan Sokol 2424 Olympic Blvd., Suite 4050 West Santa Monica, CA 90404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD Alan Sokol 2290 W. 8 Avenue Hialeah, Florida 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Cary Meadow 2424 Olympic Blvd., Suite 4050 West Santa Monica, CA 90494 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Lou Mont 2290 W. 8 Avenue Hialeah, Florida 33010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD John Needham 24242 Olympic Blvd., Suite 4050 West Santa Monica, CA 90404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600003431446-9 -12/08/00-01017-016 ****550.00 ****550.00
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Alan Sokol 11/08/00 305-882-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
00 NOV 13 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/99)