

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H77309**

1. Entity Name

**SONG FACTORY, INC.**

Principal Place of Business

Mailing Address

2930 SW 30TH AVENUE  
PEMBROKE PARK FL 33009  
US2930 SW 30TH AVENUE  
PEMBROKE PARK FL 33009  
US

2. Principal Place of Business

3. Mailing Address

1209 S. 30<sup>th</sup> Ave.1209 S 30<sup>th</sup> Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hollywood FL

Hollywood FL

City &amp; State

City &amp; State

Zip

Country

Zip

Country

33020

33020

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPLEDORF, HOWARD  
20101 NE 10TH PLACE  
N. MIAMI BEACH FL 33179

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. 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 1, 2001 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

TITLE P  
NAME APPLEDF, HOWARD  
STREET ADDRESS 20101 NE 10TH PL.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD AppleDorf Pres.

Date

1/12/01

Daytime Phone #

954457-2880

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90117 029 \*\*\*150.00

C0007372



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2577394

Applied For

Not Applicable

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

CR2E034 (10/00)

0069324