

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

0069324

**DOCUMENT # H77309**  
 1. Entity Name  
**SONG FACTORY, INC.**

Principal Place of Business 2930 SW 30TH AVENUE PEMBROKE PARK FL 33009 US	Mailing Address 2930 SW 30TH AVENUE PEMBROKE PARK FL 33009 US
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2. Principal Place of Business <i>1209 S. 30th Ave.</i>	3. Mailing Address <i>1209 S 30th Ave</i>
Suite, Apt. #, etc. <i>Hollywood Fl.</i>	Suite, Apt. #, etc.

City & State <i>Hollywood Fl.</i>	City & State <i>Hollywood Fl.</i>
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Zip <i>33020</i>	Country	Zip <i>33020</i>	Country
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**C0007372**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2577394</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>APPLEDORF, HOWARD</b> <b>20101 NE 10TH PL.</b> <b>NORTH MIAMI BEACH FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *[Signature]* **HOWARD Appledorf Pres.** Date: *1/12/01* 954457-2880 Daytime Phone #

CR2E034 (10/00)