

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K81031

Entity Name
30N MUSIC COMPANY, INC.

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90365 040 ***150.00



Principal Place of Business
SISTINA AVENUE
CORAL GABLES FL 33146

Mailing Address
717 SISTINA AVENUE
CORAL GABLES FL 33146



Principal Place of Business 0850 N. Kendall Dr.		3. Mailing Address 10850 N. Kendall Dr.	
Suite (Apt. #) etc. 107		Suite (Apt. #) etc. 107	
City & State Miami, FL		City & State Miami, FL	
Zip 33176	Country Dade	Zip 33176	Country Dade

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent COHEN, CAROL RAE (KATY) 717 SISTINA AVENUE CORAL GABLES FL 33146		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 10850 N. Kendall Dr. # 107 City Miami, FL Zip Code 33176	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Katy Cohen DATE 4/27/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, CAROL RAE (KATY) 717 SISTINA AVE. CORAL GABLES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 10850 N. Kendall Dr., #107 Miami, FL 33176-1305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, ANDREW E. (ANDY) 717 SISTINA AVE. CORAL GABLES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 10850 N. Kendall Dr., #107 Miami, FL 33176-1305
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Katy Cohen 4/27/03 (305)215-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)