

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015793

1. Entity Name

CLEAR MIND MUSIC PUBLISHING, LLC

FILED

01 JUL 10 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
6020 NORTH BAY ROAD		C/O PROVIDENT FINANCIAL	
Suite, Apt. #, etc.		MANAGEMENT	
City & State		City & State	
MIAMI BEACH, FL		LOS ANGELES, CA	
Zip	Country	Zip	Country
33140	USA	90064	USA

4. FEI Number	Applied For
94-3385108	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  
American Information Serv., INC.  
One SE 3rd Ave, 28th Floor  
Miami, FL 33131

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	DATE
<i>Flavio E. Santander</i>	

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE	<input type="checkbox"/> Delete
NAME	Manager
STREET ADDRESS	Flavio Santander
CITY-ST-ZIP	10345 W. OLYMPIC BLVD, # 200
	Los Angeles, CA 90064
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	4/27/01 (310) 282-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

CR2E083 (11/00)