

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000157905

1. Entity Name

CLEAR HEART MUSIC PUBLISHING, LLC

FILED

01 JUL 10 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

6020 NORTH BAY ROAD

Suite, Apt. #, etc. ☐

3. Mailing Address C/O PROVIDENT

FINANCIAL MGMT

Suite, Apt. #, etc.

10345 W. OLYMPIC BLVD. #200

DO NOT WRITE IN THIS SPACE

MJM

City & State

MIAMI BEACH, FL

City & State

LOS ANGELES, CA 90064

4. FEI Number

94-3385105

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

American Information Services Inc.  
One SE 3rd Avenue, 8th 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

Flavio B. Santander

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE Manager  
NAME Flavio santander  
STREET ADDRESS 10345 W. Olympic Blvd., #200  
CITY-ST-ZIP Los Angeles, CA 90064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/01 (310) 282-0477

Date

Daytime Phone #

CR2003 (1/1/00)