

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04549

1. Entity Name

SONY DISCOS INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90229 008 ***150.00

Principal Place of Business

605 LINCOLN RD
MIAMI BEACH FL 33139
US

Mailing Address

605 LINCOLN RD
MIAMI BEACH FL 33139-2900
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-3531924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~THE PRENTICE-HALL CORPORATION SYSTEM, INC.~~
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2000 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
VPD
TYRRELL, THOMAS C
550 MADISON AVENUE
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WELZER, FRANK
605 LINCOLN RD
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
EICHORST, ANN
550 MADISON AVENUE
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PEIRATS, GEORGINA
605 LINCOLN RD
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOWLIN, ROBERT
550 MADISON AVE
NY NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 305-695-2307
Date Daytime Phone #

CR2E034 (9/99)