

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90241 014 ****50.00

DOCUMENT # L98000001988

1. Entity Name

EDWIN F. KALMUS, LC

Principal Place of Business

**6403 WEST ROGERS CIRCLE
 BOCA RATON FL 33487**

Mailing Address

**6403 WEST ROGERS CIRCLE
 BOCA RATON FL 33487**



DO NOT WRITE IN THIS SPACE

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

65-0866154

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GALISON, LEON
 6403 WEST ROGERS CIRCLE
 BOCA RATON FL 33487**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE Delete
 NAME **MGRM EDWIN F. KALMUS & CO, INC.**
 STREET ADDRESS **6403 WEST ROGERS CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Delete
 NAME **MGRM MASTERS MUSIC PUBLICATIONS, INC.**
 STREET ADDRESS **6403 WEST ROGERS CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change 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:

Leon Galison
Leon Galison

3/1/02
3/1/02

5612416340
5612416340

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

Date

Daytime Phone #

CR2E083 (9/01)