2000 UNIFORM BUSINESS REPORT (UBR)

				<u>, / - / - / - / - / - / - / - / </u>	_				
DOCUMENT # L9900001151 1. Entity Name UNIVERSAL MUSIC LLC						FILED (23/2)			
	₹ •				1	00 MAR 23 P	,	5	
Principal Plac	ee of Business	Mailing Address			\dashv	00 MAR 23 F	11 0. 20		
6966 NW 12TH STREET 6966 NW 12TH STREET						SECRETARY S	F STATE		
MIAMI FL 3312	26	MIAMI FL 33126-1336	MIAMI FL 33126-1336			SECRETARY OF STATE TALLAHASSEE FLORIDA			
					Ì				
2. Principal Place of Business 3. Mailing Address				<u> </u>	_				
					_]	:			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	te	City & State	City & State			Number	 4 _	pplied For	
Zip Country		Zip Coun		ntrv	Not Applicable \$5.00 Additional				
Ζiþ	Coarniny				5. Certificate of Status Desired Fee Required				
	6. Name and Address of Curren	t Registered Agent		Name	7. Nam	e and Address of New F	Registered Agent		
FARIAS, JOAO P 2555 COLLINS AVENUE, SUITE 2412 MIAMI BEACH FL 33140									
				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL-Zip.Coo	te	
8. The above	named entity submits this statement	for the purpose of changing i	ts register	ed office or regist	ered agent,	or both, in the State of Fl	orida.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	TE: Registere	d Agent signature requir	ed when reinstat	ing)	DATE		
		EII E N	JOWIII I	FEE IS \$50.00	1				
				o Department		'			
***						<u></u>			
9. TITLE	MANAGING MEM	BERS/MEMBERS Delete	10.	——————————————————————————————————————		ADDITIONS	/CHANGES Change	Addition 8	
NAME	FARIAS, JOAO P	. Contraction	NAM	l l		•		_	
STREET ADDRESS CITY-ST-ZIP	6966 NW 12TH STREET			EET ADDRESS '- ST- ZIP		ı		000	
TITLE	MIAMI FL 33120	Delste	TITL				Ghange		
NAME			NAM	1		-03/3 -03/3	1919 1 999	-009	
STREET ADDRESS CITY-ST-ZIP				EET AODRESS '- ST-ZIP		海米米米	(50,00 米米米米米	50.00	
TITLE		Defete	TITL				Change	Addition	
NAME			HAM	l l			•	_	
STREET ADDRESS				EET ADORESS					
TITLE		Delete	TITL				Change	Addition	
FIAME			NAM	IE					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -81-21P					
TITLE			TITL			<u> </u>	Change	Addition	
NAME			NAM	l l					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '- ST- Z(P					
TITLE			TITL					Addition	
NAME		-	NAM	-				}	
STREET ADDRESS CITY-ST-ZSP				EET ADDRESS 7-81-ZIP					
11 I hereby	L certify that the information supplied wi	ith this filing does not qualify	for the exe	motion stated in 3	Section 119.	07(3)(i), Florida Statutes.	I further certify that the	information	
indicatéd Iimited lia	d on this report is true and accurate an ability company or the receiver or trust	id that my signature shall hav ee empowered to execute thi	e the same s report	e legal effect as if required by Cha	made unde pter 608, Flo	r oath; that I am a mana orida Statutes.	ging member or manag	er of the	
		Al-	<u></u>	•				∞	
SIGNAT		or Spilled		<u> </u>		MHRCH	8-200		
	SIGNATORE AND TYPED OR P	RINTED NAME OF SIGNING MANAGIN	IG MEMBER (OR MANAGER		 Date 	Daytime Phone #		