

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90017 035 \*\*\*\*55.00

**DOCUMENT #** L99000001151

**1. Entity Name**

UNIVERSAL MUSIC, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
6974 NW 12th Street

**3. Mailing Address**  
6974 NW 12th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Miami, FL

**City & State**  
Miami, FL

**4. FEI Number**  
65-0899213

**Applied For**  
Not Applicable

**Zip** 33126

**Country**

**Zip** 33126

**Country**

**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
CORPCO, INC.

**Street Address (P.O. Box Number is Not Acceptable)**  
2699 S. Bayshore Drive, 7th Floor

**City** Miami **FL** **Zip** 33133

**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.**

CORPCO, INC.

**SIGNATURE**

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

**FEE IS \$30.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**DATE**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
MGR  
Joao P. Farias  
6974 NW 12th Street  
Miami, FL 33126

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

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IN THIS SPACE**

**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

**Date**

**Daytime Phone #**

CR2E063B (12/01)