

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 26 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003680

1. Entity Name  
GLOBAL MUSIC NETWORK, L.L.C.

Principal Place of Business  
13630-58TH STREET NORTH  
CLEARWATER FL 33760

Mailing Address  
13630-58TH STREET NORTH  
CLEARWATER FL 33760



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5770 ROOSEVELT BLVD

5770 ROOSEVELT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 510

Suite 510

City & State

City & State

Clearwater FL

Clearwater FL

Zip

Country

Zip

Country

33760

USA

33760

USA

4. FEI Number

59-3604481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINER, SAMUEL

13630-58TH STREET NORTH

CLEARWATER FL 33760

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR  
GLOBAL MUSIC NETWORK OF CLEARWATER, INC.  
STREET ADDRESS 13630-58TH STREET NORTH, SUITE 108  
CITY-ST-ZIP CLEARWATER FL 33760

TITLE NAME ☐ Change ☐ Addition  
500004195  
-05/11/01--01030--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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

Date

Daytime Phone #

4/23/01 727-424-7789

CR2E083 (11/00)