

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008620

1. Entity Name

COMMONWEALTH MANAGEMENT GROUP, L.L.C.

Principal Place of Business

814 AIA NORTH, SUITE 300
PONTE VEDRA BEACH FL 32082

Mailing Address

814 AIA NORTH, SUITE 300
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 JAN 11 AM 10:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3613161

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

BLACKBURN, DENNIS L
SUITE 200, SOUTHPPOINT BUILDING
6620 SOUTHPPOINT DRIVE, SOUTH
JACKSONVILLE FL 32216

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 MGR
NAME STELK, RANDY E
STREET ADDRESS 814 AIA NORTH, SUITE 300
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MGR
NAME SWEENEY, WILLIAM F
STREET ADDRESS 814 AIA NORTH, SUITE 300
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MGR
NAME ANDERSON, ALAN H
STREET ADDRESS 814 AIA NORTH, SUITE 300
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MGR
NAME KEAVENEY, FRANCIS X
STREET ADDRESS 814 AIA NORTH, SUITE 300
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

ALAN ANDERSON MGR

1/10/01

904-285-8900

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

Date

Daytime Phone #

CR2E083 (11/00)

2

Miami, Fl

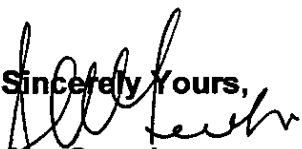
December 23rd, 2000

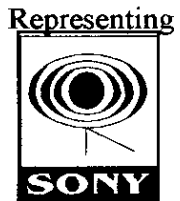
To: Whom It May Concern

Attached please find the UBR, for 2000.

Unfortunately, when we filled out last years report we had included an address change, which was not properly keyed in by your personnel and the update was going to the wrong address.

Any questions feel free to contact us.

Sincerely Yours,

Joe Granda
President



Recording Artist

MATTIZZ



ANGEL EYES RECORDS
& PRODUCTIONS

Latin XPress



Oba Frank Lords

Albert "ADAM" CAMARA

Nice n **Wild**



Granda Entertainment, Inc.

Artist Development & Management - National Crossover Promotion, Public Relations & Marketing - State of the Art Recording Studios
- In House Hit Production-Remix-Composing Team
International Licensing - Contractual Services - Concert Promotion - Party Planning
2644 NW 97th Avenue, Miami, Fl 33172-1400
Tel (305) 599-1837 Fax (305) 599-8511
E-Mail: Info@GRANDAENT.COM Website: www.GRANDAENT.com

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P97000032969(2)

1. Entity Name

GRANDA ENTERTAINMENT INC.

FILED

01 JAN 11 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2644 N.W. 97 AVENUE
MIAMI, FL 33172-1400

Mailing Address

2644 N.W. 97 AVENUE
MIAMI, FL 33172-1400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0744728

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSE A. GRANDA
4680 N.W. 102 AVENUE APT 202
MIAMI, FL 33178

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)

12/23/00

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: PRESIDENT / SECRETARY
NAME: GRANDA JOSE A.
STREET ADDRESS: 4680 N.W. 102 AVENUE # 202
CITY-ST-ZIP: MIAMI, FL 33178

☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 800003568358--2
CITY-ST-ZIP: -01/24/01--01002--023
****150.00 ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 800003568358--2
CITY-ST-ZIP: -01/24/01--01002--024
****150.00 ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 12/23/00 (304) 999-1837
Date Daytime Phone #

CR2E034 (9/99)