## 2000 UNIFORM BUSINESS REPORT (UBR)

4/1:

## FILED May 30, 2000 8:00 am Secretary of State

04-19-2000 90068 026 \*\*\*150.00

## **DOCUMENT # M85982** 1. Entity Name

THE COCONUT GROVE RECORDING COMPANY, INC.

Principal Place of Business

Mailing Address

940 LINCOLN RO SUITE 308 MIAMI BEACH FL		940 LINCOLN ROAD SUITE 308 MIAMI BEACH FL 33156-6720			4 1884 1861 1 124 1818 1 21HT 2 21G	ISHO NSI SYON OYON I	PRINTENIA MANA	Rien i 114
2. Principal Place of Business  3. Mailing Address  3. Mailing Address  3. Mailing Address  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.					DO NOT W	RITE IN THIS SP	ACE	
Hollywood CA		Hollywood Ca			4. FEI Number 65-0283179		Not	Applicable
9004	6. Name and Address of Current F	Zip Country  9001 L LSA		l_	5. Certificate of Status Desired			
CAMPBELL, CHRIS 940 LINCOLN ROAD SUITE 308 MIAMI BEACH FL 33139  City Lincoln in the State of Florida.  Name Street Atlances (P.p. Box Hampher is Not Acceptable)  City Lincoln FL  Zip Code 90040  8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.								
SIGNATURE _	Signature, Jobel of printed name of registered agent a	nature if applicable. (NOTE	Registered Agent signatur	e required v	when reinstating	DATE	<del>)00</del> (	<u></u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FI After MAY 1, 2000 F Make Check Payable to				50.00	1	ution.	Added	May Be to Fees
11.			12.		ADDITIONS/CHANGES TO			
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PSD CAMPBELL, CHRIS 8040 S.W. 132ND STREET MIAMI FL 33156	<b>☑</b> Deiete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT REW, NATHANIEL B 940 LINCOLN RD., STE 308 MIAMI.BEACH FL 33139	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	22776	President Latheriel C Smoth Mari Clurical Ch	ca Blups	(I) Change 4 817 7004	Addition
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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 by the receiver distributes empowered to keep the 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 astorese, with all other keep movement.  SIGNATURE:  SIGNATURE:  SIGNATURE AND THES OF PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR								