

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M92761**

1. Entity Name

Music Entertainment, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Entertainment Inc. Music Entertainment Inc.
516 S.W. STREET 9516 S.W. STREET
PEMBROKE PINES, FL. 33025 PEMBROKE PINES, FL. 33025

FILED

00 JUL -6 PM 4:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

6/20/00 95016/009 \$150.00
 DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0059890** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK HOUGHTALON

9516 S.W. Street
Pembroke Pines, FL. 33025

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

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 **P** **HOUGHTALON FRANK** ☐ Delete

NAME **9516 S.W. Street**
 STREET ADDRESS **Pembroke Pines, FL. 33025**
 CITY - ST - ZIP

TITLE **S** **HOUGHTALON DANA** ☐ Delete

NAME **9516 S.W. Street**
 STREET ADDRESS **Pembroke Pines, FL. 33025**
 CITY - ST - ZIP

TITLE **T** **HOUGHTALON ALYSA** ☐ Delete

NAME **9516 S.W. Street**
 STREET ADDRESS **Pembroke Pines, FL. 33025**
 CITY - ST - ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME
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 CITY - ST - ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-5-00 954-435-4186

CR2E034 (9/99)