

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001318

1. Entity Name
EUROPEAN AMERICAN MUSIC DISTRIBUTORS LLC

FILED

00 JAN 12 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business
15800 NW 48TH AVENUE
P.O. BOX 4340
MIAMI FL 33014

Mailing Address
15800 NW 48TH AVENUE
P.O. BOX 4340
MIAMI FL 33014-0340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4081182
APPLIED FOR

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
STREET ADDRESS
CITY- ST- ZIP
MGRM
EUROPEAN AMERICAN DISTRIBUTORS CORP.
15800 NW 48TH AVENUE P.O. BOX 4340
MIAMI FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
300003103693-9
-01/20/00-01013-013
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WARNER BROS. PUBLICATIONS U.S. INC.
15800 NW 48TH AVENUE P.O. BOX 4340
MIAMI FL 33014 ☐ Delete

TITLE
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CITY- ST- ZIP
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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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)