

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001931

1. Entity Name

DESTON SONGS LLC

FILED

01 JUL 25 AM 8:47

Principal Place of Business

Mailing Address

1790 BROADWAY, 10TH FLOOR
NEW YORK NY 10019

1790 BROADWAY, 10TH FLOOR
NEW YORK NY 10019

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

140 West 57th St

c/o Gary Cohen Corp 38 West 57th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13B

600

City & State

New York NY

City & State

New York NY

Zip

10019

Country

USA

Zip

10018

Country

USA

4. FEI Number

13-4085604

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 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

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

7/3/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

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*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CSS HOLDINGS, LLC
1790 BROADWAY, 10TH FLOOR
NEW YORK NY 10019 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EDEL PUBLISHING GMBH
WICHMANSTRASSE 4/22607 HAMBURG
GERMANY ☐ Delete

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

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☐ 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:

SIGNATURE REQUIRED

7/10/01

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE