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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2001 8:00 am Secretary of State DOCUMENT # N9600005225 1. Entity Name MUSIC, MUSIC, MUSIC CONCERT, CORP. 01-16-2001 90102 044 ****61.25 Principal Place of Business Mailing Address 2394 S.W. FOXPOINT WAY 2394 S.W. FOXPOINT WAY PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0706023 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required ~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BERLIN, ERNEST 2394 S.W. FOXPOINT WAY PALM CITY FL 34990 Zip Code City 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. 01-08.2001 SIGNATURE DATE Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition PTD ☐ Delete TITLE TITLE NAME BERLIN, ERNEST NAME STREET ADDRESS STREET ADDRESS 2394 S.W. FOXPOINT WAY CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 Change ☐ Addition SD TITLE Delete TITLE BERLIN, HELEN NAME NAME STREET ADDRESS 2394 S.W. FOXPOINT WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 - Change -– 🔲 Addition: TITLE ☐ Delete TITLE NAME SMEDVIG, KELLY NAME STREET ADDRESS STREET ADDRESS 5005 COLLINS AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Change ☐ Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance TIT! F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 supplied ental 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 empeyered to execute this report as required by Chapter 17 Florida Statutes; and that my name appears in Excel 10 or Block 11 changed, or on an attachment with an addition, with all other like empowered.