

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007192

1. Entity Name

MARS MUSIC FOUNDATION, INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90099 008 ****61.25

Principal Place of Business

Mailing Address

C/O ROBERT ZOBEL
5300 NORTH POWERLINE ROAD, SUITE 3W
FORT LAUDERDALE FL 33309

C/O ROBERT ZOBEL
5300 NORTH POWERLINE ROAD, SUITE 3W
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0826812**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~ZOBEL, ROBERT~~
5300 NORTH POWERLINE ROAD, SUITE 3W
FORT LAUDERDALE FL 33309

Name *Michael Yackire*
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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **BEGELMAN, MARK**
STREET ADDRESS **5300 N POWERLINE RD**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

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

TITLE **D** ☐ Delete
NAME **BEGELMAN, PAM**
STREET ADDRESS **5300 N POWERLINE RD**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

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

TITLE **SD** ☐ Delete
NAME ~~ZOBEL, ROBERT~~
STREET ADDRESS **5300 N POWERLINE RD**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☒ Change ☐ Addition
NAME *Michael Yackire*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/14/02* 974
65-11500 Phone #

CR2E037 (9/01)