2003 FOR PROFIT CORPORATION

FILED Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P00000021285 **DOCUMENT #** 1. Entity Name 04-14-2003 90909 009 ***150.00 BEMUSA MUSIC PUBLISHING. INC. Principal Place of Business Mailing Address 1740 GRANADA BLVD 1740 GRANADA BLVD CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Blud Granda 409 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1051918 -00A1 Not Applicable Country うつしつム \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINO PINO, BETTY Street Address (P.O. Box Number is Not Acceptable) 1740 GRANADA BLVD GRANADA CORAL GABLES FL 33134 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE olicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1 2003-Fee will be \$550:00 Trust Fund Contribution. Added to Fees Make Check Payable to Piorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) ☐ Addition TITLE TITLE ☐ Delete 1409 Granada Blyd. Corol Gables, F1 33134 PINO. BETTY NAME NAME 1409 GYANADA BLUD. 1Z40_GRANADA-BLVD STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

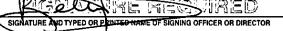
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME



☐ Delete

Daytime Phone #

Change

☐ Addition