

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90693 023 \*\*\*150.00

**DOCUMENT #** 4000000022846 ✓  
**1. Entity Name**  
1ST Take Music, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
14513 SW 139th Ave Circle W.  
Suite, Apt. #, etc.

**3. Mailing Address**  
14513 SW 139th Ave Circle W.  
Suite, Apt. #, etc.

**City & State**  
Miami, FL

**City & State**  
Miami, FL

**Zip**  
33186

**Country**  
USA

**Zip**  
33186

**Country**  
USA

**4. FEI Number** 65-1056262  
**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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**7. Name and Address of Current Registered Agent**

**Name** ANGEL TREJO  
**Street Address (P.O. Box Number is Not Acceptable)**  
14513 SW 139th Ave Circle West  
**City** Miami **FL** **Zip Code** 33186

**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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> Pd	<b>NAME</b> Angel Trejo	<b>STREET ADDRESS</b> 14513 SW 139th Ave Circle W	<b>CITY-ST-ZIP</b> Miami FL 33186


**DO NOT WRITE IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address with all other like empowered.**

**SIGNATURE:** Angel Trejo (Angel Trejo) **5/21/02** **305-971-4517**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)