2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 24, 2002 8:00 am Secretary of State DOCUMENT # P00000045175 1. Entity Name 05-24-2002 91309 031 ***150 00 JEF MUSIC, INC. Principal Place of Business Mailing Address 7086 NW 109TH COURT 7086 NW 109TH COURT MIAMI FL 33178 **MIAMI FL 33178** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$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 Name OSORIO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 7086 NW 109TH COURT MIAMI FL 33178 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition PEREZ SOTO, JUAN CARLOS NAME 3765 ALCANTARA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME OSORIO, EDUARDO NAME STREET ADDRESS 4350 NW 107TH AVE APT 108 STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP MIAMI FL 33178 ☐ Delete TITLE Change Addition NAME OSORIO, FERNANDO NAME STREET ADDRESS 7086 NW 109TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP · 🔲 Delete TITLE Change ☐ Addition NAME 175 4.22 13 73 3 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee emporent with an address, where the company of the corporation or an attachment with an address, where the corporation or an attachment with an address, where the corporation or the corporation of the corp Ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director early execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED