

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

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

DOCUMENT # P00000053656

1. Entity Name:

MUSIC DISTRIBUTORS, INC.

03-05-2002 90253 001 \*\*\*\*\*1.00

03-05-2002 90253 002 \*\*\*157.75

**DO NOT WRITE IN THIS SPACE**

- 15969

2. Principal Place of Business

6974 NW 12 Street

Suite, Apt. #, etc.

3. Mailing Address

6974 NW 12 Street

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number: 65-1025127

Applied For

Not Applicable

Zip  
33126

Country

Zip

33126

Country

5. Certificate of Status Desired

2

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CORPCO, INC.

Street Address (P.O. Box Number is Not Acceptable)  
2699 South Bayshore Drive, 7th Floor

City  
Miami

FL

Zip Code  
33133

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.

CORPCO, INC.

SIGNATURE

Signature, typed or printed name of registered agent if applicable

(Not 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 \$180.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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

TITLE  
NAME  
P/S/T/D  
Joao P. Farias  
STREET ADDRESS  
6974 NW 12 Street  
CITY-ST-ZIP  
Miami, FL 33126

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02 305.449.9393

Date

Daytime Phone #

CR2ED34B (12/01)