2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P00000071940



May 06, 2003 8:00 am Secretary of State

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05-06-2003 90034 030 ***150.00 1. Entity Name SHANGAI MUSIC, INC. Principal Place of Business Mailing Address 2843 NW 2 AVE 2843 NW 2 AVE MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1029117 Not Applicable 7in Country 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 DANINO, ANGELA Z Street Address (P.O. Box Number is Not Acceptable) 2098 NE 181 STREET NORTH MIAMI BEACH FL 33141 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VAIDES AVALA VALENTÍN ☐ Delete TITLE NAME AYALA, VALENTIN V NAME 2843 NW 2 AVC STREET ADDRESS 1440 J.F. KENNEDY CAUSEWAY SUITE 416 STREET ADDRESS CITY-ST-ZIP NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE Registered Change Addition NAME NAME DANIMO, ANGELA Z STREET ADDRESS 2098 Ne. 181 57 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33/62 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE TIM F Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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