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

## P00000080188 **DOCUMENT #**

1. Entity Name

THE MIGRANT MUSIC COMPANY INC.



**FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90051 026 \*\*\*150.00

Principal Place of Business 5555 COLLINS AVENUE. SUITE 4U MIAMI BEACH FL 33140		Mailing Address 5555 COLLINS AVENUE, SUITE 4U MIAMI BEACH FL 33140		) (DANGE) IN BANK ONN DANK ONN DANK	I (BU) BOUR HEOF IREF ING LOPE
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1035242	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	_6 Name and Address of Current	Registered Agent	·	7. Name and Address of New Registered	
			Name		
	ez, Fernando		Stroot Addre	nes (O.O. Benchlussless in Nick Association)	
5555 COI	llins avenue, suite 4u		Street Addre	ess (P.O. Box Number is Not Acceptable)	
Miami be	ACH FL 33140				
			City	FL	Zip Code
8. The above	named entity submits this statement for	or the purpose of changing i	ts registered office or regi	istered agent, or both, in the State of Florida. I am	
<ul> <li>the obligation</li> </ul>	tions of registered agent.	The property of unitality in grand and a second a second and a second	is registered office of regi	istered agent, or both, in the state of honda. Tank	iaminai widi, and accept
0.00.470.00					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered Agent signature rec	quired when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	jl .	***	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE	PD	Delete	TITLE		Change Addition
NAME	GONZALEZ, FERNANDO	14.4	NAME		
STREET ADDRESS CITY-ST-ZIP	5555 COLLINS AVENUE, SUITE 4	IU .	STREET ADDRESS		
	MIAMI BEACH FL 33140		CITY-ST-ZIP	The state of the s	
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12. Thereby o	ertify that the information aunalized with a	Alacha Citiana alaman and a constitution for	and the same of th	0 11 11 11 11 11 11 11	

I hereby certify that the information supplied with this filing 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 large proposed.

SIGNATURE: