[redacted] UNIFORM BUSINESS REPORT (UBR) 2001

DOCUMENT # P00000085186

Entity Name

MUSIC CITYSOUTH ENTERTAINMENT INC

FILED
01 MAY -3 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
18459 Pines Blvd #311 Pembroke Pines FL 33029	
Principal Place of Business SAME AS Above	3. Mailing Address SAME AS above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country U.S.	Zip / Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1059991 ☐ Applied For ☐ Not Applicable

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 Agent
NANCY F. RAYMOND 18459 Pines Blvd #311 Pembroke Pines FL 33029	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Nancy F. Raymond Nancy F. Raymond 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE CEO/CHAIRMAN ☐ Delete NAME LIONEL MCELWEE STREET ADDRESS 18459 PINES BLVD #311 CITY-ST-ZIP Pembroke Pines FL 33029	TITLE ~~DIRECTOR~~ OFFICER ☐ Change ☐ Addition NAME MARILYN DINKINS STREET ADDRESS 698 ORANGE AVE Apt 320 CITY-ST-ZIP LONG BEACH CA 90802
TITLE DIRECTOR ☐ Delete NAME WILLIE HARVEY JR. STREET ADDRESS 21840 SW 108 COURT CITY-ST-ZIP MIAMI FL 33170	TITLE ~~DIRECTOR~~ OFFICER ☐ Change ☐ Addition NAME STREET ADDRESS 5540 SW 180 STREET CITY-ST-ZIP LOREN M. JONES MIAMI FL 33157
TITLE DIRECTOR ☐ Delete #2 NAME JOHNNY L. MCKNIGHT STREET ADDRESS 4328 MANHATTAN BCH BLVD CITY-ST-ZIP LAWNDALE CA 90260	TITLE OFFICER ☐ Change ☐ Addition NAME RAYNARD HARRINGTON DELETED STREET ADDRESS 14125 SW 109 PLACE CITY-ST-ZIP MIAMI FL 33176
TITLE DIRECTOR ☐ Delete NAME NANCY F. RAYMOND STREET ADDRESS 3000 NW 166 STREET CITY-ST-ZIP MIAMI FL 33054	TITLE ☐ Change ☐ Addition NAME 800004324078--9 STREET ADDRESS -05/29/01--01002--001 CITY-ST-ZIP ****635.00 ****158.75
TITLE OFFICER ☒ Delete NAME TAHIR PALMORE STREET ADDRESS 14125 SW 109 PLACE CITY-ST-ZIP MIAMI FL 33176	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE OFFICER ☒ Delete NAME CLAYTON C. HILL STREET ADDRESS 1240 NW 155 LANE Apt 308 CITY-ST-ZIP OPA-LOCKA FL 33169	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

3. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy F. Raymond