APR-30-01 12:15 AM PATRICIA FARRELL

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90056 022 ***150.00

DOCUMENT # P00000098752

1. Entity Name
Q-MUSIC, INC.

Principal Place of Business	Mailing Address
11415-A SOUTH DIXIE HWY MIAMI FL 33156	11415-A SOUTH DIXIE HWY MIAMI FL 33156

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
6909 West Broward Blvd.	P.O. Box 565417
City & State Plantation FL.	City & State Miami, FL.
Zip / County 33317 / Broward	Zip / County 33256-5417 / Dade

4. I.R.S. Number: 65-1048932 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMANO, LOU
11415-A SOUTH DIXIE HWY
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
16299 SW 78th AVE.

City: Miami FL Zip Code: 33157

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: _____ DATE

9. This corporation is eligible to satisfy its [illegible] filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $160.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Lou Romano 16289 SW 78th Ave. Miami, Fl 33157	☐ Delete	☐ Change ☐ Add/Mail
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. Pat Romano 6909 west Broward Blvd. Plantation, Fl. 33317	☐ Delete	☐ Change ☐ Add/Mail
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. / Tres. Trulee Romano 16259-SW 78th AVE. Miami, Fl. 33157	☐ Delete	☐ Change ☐ Add/Mail
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add/Mail
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add/Mail

13. 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 a director or officer 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 if changed, or on an attachment with an address, with blank lines for like empowered.

SIGNATURE: Lou Romano 4/30/01 305-770-8158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number