FILED
Jun 17, 2002 8:00 am
Secretary of State
03-12-2002 90434 039 ***158.75

DOGÚMENT # P00000113845						O3-12-2002 90434 039 ***158.75			
	N CHRISTIAN MUSIC AND M	ORE, INC.			V	03 12 2002 90 13 1 039	130.73		8
Principal Place of Business 2610 NW 21TH TERR. MIAMI FL 33142		Mailing Address 2610 NW 21TH TERR. MIAMI FL 33142			LICANATA NA ATRIA ATRIA ATRIA PARIN ATRIA PARIN ATRA		11 END 1201		
2. Principal Place of Business 3. Mailing Address				£.					
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	ile	City & State			4.	FEI Number 65-1090625		ied For Applicable	
Zip .	Country Zip		Country		5.	rtificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	legistered Agent			7.	Name and Address of New Registered A	gent		
PETANCI	ID UNITED		<u>* </u>	-Name	المراجعة		فيتريبين	اعتدت	
BETANCUR, WILLIAM 161 NW 85 STREET				Street Add	eet Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	. 33150								
	~ · _ ^ ^		j	City		FL	Zip Code		
8. The above	e named entity submits this statement for	<u>N</u>							
	Signature, typed or printed name of registered agent an	d title if autolicable. (NOTE:	Registered	Agent signature	required when r	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. (See critegia on back) FILE NOW!!! After May 1, 2002 Make Check Payable			2 Fee to De	will be \$550	0.00 of State	Election Campaign Financing Trust Fund Contribution.	7.0000	Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PY 05 1D0 n T BETANCUR, WILLIAM 181 NW 85 STREET MIAMI FL 33150	Delete	11			DDITIONS/CHANGES TO OFFICERS AND			CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rafael Leyfon trassit		11				☐ Change ■	⊠ A⊠dition	ቼ
NAME STREET ADDRESS CITY-ST-ZIP	JUAR RIVERO STATISTICS TUAR RIVERO ESS 5500 NW 194 CTT for. MIAMI FL. 33055 VIECNIUS NIESRON Delete			TADDRESS /	□ Change □	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			Change [Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			☐ Change ☐	Addition	
TITLE RAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-				_	Addition	
13. I hereby of indicated of the cor changed,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with a supplemental or	11	ne exem signatu require	option stated are shall have ad by Chapte	in Section 1 the same le or 607, Florid	119.07(3)(i), Florida Statutes. I further certif egal effect as if made under oath; that I am da Statutes; and that my name appears in I	y that the inform an officer or d Block 11 or Blo	nation director ick 12 if	
SIGNAT	URE: <u> </u>	16000)					1	

2002 Uniform Business Report (UBR)