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

SIGNATURE:

DOCUMENT 600 000 116695 03 OCT -9 PM 1:55 1. Entity Name SECRETARY OF STATE TALLAHASSEE FLORIDA Acosta Music, Inc DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3021 NE 42 Street Suite, Apt. #, etc Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 65-1064246 Ft Lauderdale, Fl 33308 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33308 USA Fee Required 7. Name and Address of Current Registered Agent -Name Georges Acosta DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 3021 NE 42 Street City Ft Lauderdale Zib Code 33308 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. SIGNATURE January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 | Amended UBR is \$61.25 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. THILE George Acosta / President Mala NAME 3021 NE 42 Street STREET ADDRESS STRUCT ADDRESS Ft Lauderdale, Fl 33308 CHY-ST-70 CHY-SI-ZIE TILE. HILF MAME! NAME .700023612627 10/07/03-01037-020 **150.00 STREET ADDRESS STATE LAUDRESS CITY ST-ZIP CHY SIEZU tin. TITLE NAME NAME STREET ADDRESS STREET AODRESS DO NOT WRITE CITY-ST-ZIP CHY ST-Zie-THEF me IN THIS SPACE NAME MAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CATT-ST-ZIP THILE NAME NAME STREET ALIONESS STREET ADDRESS COY-SI-ZP diff.st.zir". TITLE MAME MAME STREET ADDRESS STREET ADORESS. CHY-ST-ZP 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 path; 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 on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02

305-360.000

October 3, 2003

Division Of Corporations Uniform Business Report Filings 409 East Gaine Street Tallahassee, Fl 32399

Ref: Doc P01000093502

This is to let you that we were astonished to see that the corporation was inactive when we checked the Internet. We have never received a first notice from you requesting any payment. We believe that this is due our change of address.

The new physical address is 3021 NE 42 Street, Ft Lauderdale, Fl 33308

We have attached to this a letter a check in the amount of \$150, which will be for the annual fees this year. Since I am out of town now, I am asking a friend to send a check to you and will reimburse him when I get back. Please update your file with my new address in order to get any notices on time.

We are thanking you in advance for your understanding in removing the penalties for us and will assure that necessary steps will be taken to avoid reoccurrence.

Sincerely.

George Acosta

President