

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90086 002 ***150.00

0375555 AV

DOCUMENT # P01000023881

1. Entity Name
PURE MUSIC RECORDING, INC.

Principal Place of Business
1719 A AVENIDA DEL SOL
BOCA RATON FL 33432-1742

Mailing Address
1719 A AVENIDA DEL SOL
BOCA RATON FL 33432-1742

2. Principal Place of Business

1725 AVENIDA DEL SOL

3. Mailing Address

1725 AVENIDA DEL SOL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON

Zip

33432

Country

Zip

33432

Country

4. FEI Number

65-1095333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREENHOUSE, TODD

1719 A AVENIDA DEL SOL

BOCA RATON FL 33432-1742

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1725 AVENIDA DEL SOL

City

BOCA RATON

FL

Zip Code

33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 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

TITLE **D** ☐ Delete
 NAME **GREENHOUSE, TODD**
 STREET ADDRESS **1719 A AVENIDA DEL SOL**
 CITY-ST-ZIP **BOCA RATON FL 33432-1742**

TITLE **D** ☐ Delete
 NAME **GREENHOUSE, CAROLINE**
 STREET ADDRESS **1719 A AVENIDA DEL SOL**
 CITY-ST-ZIP **BOCA RATON FL 33432-1742**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1725 AVENIDA DEL SOL**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1725 AVENIDA DEL SOL**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02 **561-620-0360**
 Date Daytime Phone #

CR2E034 (9/01)