

4/10.

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90463 036 \*\*\*150.00

DOCUMENT # P01000044140

1. Entity Name

KOALA MUSIC INC.

Principal Place of Business

3320 SCHERER DR.  
ST. PETERSBURG FL 33716

Mailing Address

3320 SCHERER DR.  
ST. PETERSBURG FL 33716

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

98-0351016

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

16. Name and Address of Current Registered Agent

 CT-CORPORATION-SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 fee 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 ☐ Delete  
 NAME D  
 STREET ADDRESS HEMANI, MAHMOOD  
 CITY-ST-ZIP 31 ABBOTSFORD RD., GORMLEY  
 ONTARIO, CANADA L0H 1G0

 TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS WARD, ALLAN  
 CITY-ST-ZIP 56 COUPERTHWAITES CRESCENT, MARKHAM  
 ONTARIO, CANADA L3R 6M9

 TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS HEMANI, MAHMOOD  
 CITY-ST-ZIP 31 ABBOTSFORD RD., GORMLEY  
 ONTARIO, CANADA L0H 1G0

 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 VP/D  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☒ Change ☐ Addition  
 NAME P/D  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☒ Change ☐ Addition  
 NAME S/D  
 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

MAR 15 2002

1800 531-6111