

2005

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90395 007 *****8.75
05-31-2005 90594 001 ***150.00
05-31-2005 90594 002 *****8.75

| |
|---|
| DOCUMENT # P01000063483 1. Entity Name Manny Kuts & Music Corp. |
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DO NOT WRITE IN THIS SPACE

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|--|--|
| 2. Principal Place of Business 2290 N.W. 28th St. Suite, Apt. #, etc. Suite A | 3. Mailing Address 2290 N.W. 28th St. Suite, Apt. #, etc. Suite A |
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|---------------------------|---------------------------|
| City & State Miami, FL | City & State Miami, FL |
| Zip 33142-5900 | Country USA |

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|-----------------------------|--|
| 4. FEI Number 65-1115970 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 7. Name and Address of Current Registered Agent | |
| Name Mendez, Alice S. | |
| Street Address (P.O. Box Number is Not Acceptable) 890 N.E. 164th St. | |
| City North Miami Beach | FL |
| | Zip Code 33162 |

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.

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|----------------------------------|--|------|
| SIGNATURE <i>Alice S. Mendez</i> | (NOTE: Registered Agent signature required when reinstating) | DATE |
|----------------------------------|--|------|

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

| | |
|--|-----------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/P Mendez, Placido 890 N.E. 164th St. North Miami Beach, FL 33162 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/S/T Mendez, Alice S. 890 N.E. 164th St. North Miami Beach, FL 33162 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

| | | |
|--|-----------------|----------------------|
| SIGNATURE: <i>Alice S. Mendez</i> | Alice S. Mendez | 305-638-2306 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |

CR2E034B (12/02)