

2007

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

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90015 031 ***150.00

DOCUMENT # P01000063483 1. Entity Name Manny Kuts & Music Corp.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2290 N.W. 28th St. Suite, Apt. #, etc. Suite A City & State Miami, FL Zip 33142-5900		3. Mailing Address 2290 N.W. 28th St. Suite, Apt. #, etc. Suite A City & State Miami, FL Zip 33142-5900		4. FEI Number 65-1115970 Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS					
TITLE	D/P	TITLE		DO NOT WRITE IN THIS SPACE	
NAME	Mendez, Placido	NAME			
STREET ADDRESS	890 N.E. 164th St.	STREET ADDRESS			
CITY - ST - ZIP	North Miami Beach, FL 33162	CITY - ST - ZIP			
TITLE	D/S/T	TITLE			
NAME	Mendez, Alice S.	NAME			
STREET ADDRESS	890 N.E. 164th St.	STREET ADDRESS			
CITY - ST - ZIP	North Miami Beach, FL 33162	CITY - ST - ZIP			
TITLE		TITLE		DO NOT WRITE IN THIS SPACE	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Alice S. Mendez</u> Alice S. Mendez 04/05/07 305-638-2306 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034B (12/02)