2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

7751 NW 146 ST MIAMI FL 33016

DOCUMENT # P01000082158

C & G ARTIST MANAGEMENT CORPORATION

1. Entity Name

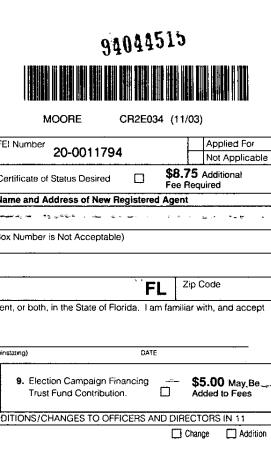
7751 NW 146 ST MIAMI FL 33016

Principal Place of Business 4



FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90080 036 ***150.00



					I MARINER NY BEREN NENI BERN BERN BERN STIRL DYNE HALL HOLD SYNG LOHARN Y 1911.			
2. Principal Place of Business		3. Mailing Address]			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
City & State		City & State			4. FEI Number 20-0011794		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Required	itional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
مين در پيهنها ميان در در خود در استين استان در				. Name				
ADLER, MARTHA			Stroot A	Street Address (P.O. Box Number is Not Acceptable)				
7751 NW 146 ST MIAMI FL 33016			Street At	Silect Address (F.O. BOX Number is Not Addeptable)				
			City	<u>Г</u> .				
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.								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	— \$5.0 □ Added	May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	SIN 11	
TITLE	D	☐ Delete	TITLE			Change	Addition	
NAME	CASEY, HARRY W	<i>I</i>	NAME					
STREET ADDRESS	7751 NW 146 ST		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33016		CiTY-ST-ZiP					
TIE	D	∑ Delete	THTLE	D		Change	X Addition	
NAME	GATCH, WILLIAM E		NAME		H, HOWARD LEGE			
STREET ADDRESS CITY-ST-ZIP	8 SE 2 AVENUE #1010 MIAMI FL 33131		STREET ADDRESS CITY-ST-ZIP	8 SE	2 AVENUE #1010			
<u> </u>	MIAMI FE 33131			MIAM	I, FL 33131			
TITLE NAME		Delete	TITLE	-	to The Control of the	☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS		*			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME			onlinge	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME .			NAME					
STREET ADDRESS			STREET ADDRESS					
C/TY-ST-ZIP			CITY-ST-ZIP					
TITLE .		. Delete	TITLE			☐ Change	Addition	
NAME CORECT ADDRESS	1		NAME CYCLET ADDRESS		of the second			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
GII1-31-2#	<u> </u>		UI11-31-ZIF	L				

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 cooperation 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 Block 11 if

SIGNATURE