FILED
Jun 12, 2003 8:00 am
Secretary of State
04-28-2003 90949 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55047704

DOCUMENT # P02000014904

1. Entity Name
THE ICON MUSIC GROUP, INC.

Principal Place of Business	Mailing Address
1995 NE 150 STREET SUITE ~~104~~ NORTH MIAMI FL 33181	1995 NE 150 STREET SUITE ~~104~~ NORTH MIAMI FL 33181

[redacted]

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 105	Suite, Apt. #, etc. 105
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 01 0622126 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSA, ROBERT ~~1995 NE 150 STREET~~ ~~SUITE 104~~ ~~NORTH MIAMI FL 33181~~ new address →	Name Street Address (P.O. Box Number is Not Acceptable) 21085 NE 34 AVENUE #201 City AVENTURA FL Zip Code 33180

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 Robert Rosa — Robert Rosa — 6/9/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / TREASURER ROBERT ROSA 21085 NE 34 AVE #201 AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SECRETARY TREASURER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT/SECRETARY GERRI Ann VIDAL-ROSA 21085 NE 34 AVE #201, Aventura FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/SECRETARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PAUL N. RABASCO 222 PLUTARCH STREET HIGHLAND, NY 12528	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Rosa SIGNATURE REQUIRED — 4-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #