2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT. # P02000028739

1. Entity Name
CIMA RECORDS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 18 AM 10: 21

Principal Place of Business	Mailing Address
900 W 49 ST.	900 W 49 ST.
SUITE 524	SUITE 524
HIALEAH FL 33012	HIALEAH FL 33012

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 94-3431925   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**
RODRIGUEZ, JUAN JOSE	Name
900 W 49 ST.	Street Address (P.O. Box Number is Not Acceptable)
SUITE 524	
HIALEAH FL 33012	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. 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, 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JUAN JOSE		NAME	10001363291
STREET ADDRESS	1112 WEST P.O. BOX 318		STREET ADDRESS	03/06/03--01060--026 **150.00
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	S/D ☐ Change ☒ Addition
NAME	ROMERO, WUOLRRY R		NAME	
STREET ADDRESS	900 W 49 ST., STE. 524		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	PEREZ, YAJAIRA		NAME	
STREET ADDRESS	1112 WEST P.O. BOX 318		STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   2/9/03 (305) 226-3443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #