2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000043989

Entity Name: MELODIOUS FUNK SONG WRITINGS, INC.

FILED Apr 20, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

5469 N.W. 189 ST. 494 N.W. 165 ST. RD MIAMI, FL 33055

C504

NORTH MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

5469 N.W. 189 ST. MIAMI, FL 33055

Title:

FEI Number: 04-3751321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLEN, JOEL ALLEN, JOEL E VP 5469 N.W. 189 ST. 494 N.W. 165 ST. RD. MIAMI, FL 33055 C504

NORTH MIAMI, FL 33169

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.

SIGNATURE: JOEL E. ALLEN 04/20/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

WATTS, MICHAEL WATTS, MICHAEL A Name: Name: 5469 N.W. 189 ST. 5555 N.W. 192 LANE Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI, FL 33055

Title: Title: () Delete (X) Change () Addition

Name: ALLEN, JOEL Name: ALLEN, JOEL E

5469 N.W. 189 ST. 494 N.W. 165 ST. RD. APT# C-504 Address: Address:

MIAMI, FL 33055 NORTH MIAMI, FL 33169 City-St-Zip: City-St-Zip:

(X) Change () Addition Title: Title: () Delete JOHNSON, KRIS Name: JOHNSON, KRIS M Name:

5469 N.W. 189 ST. 5535 N.W. 190 LANE Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL E. ALLEN ٧ 04/20/2003