

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000067616</b> 1. Entity Name <b>MIML MUSIC IS MY LIFE CORPORATION</b>			90090826
Principal Place of Business 2655 LE JUENE ROAD SUITE 410 CORAL GABLES, FL 33134		Mailing Address NICOLE J. HUESMANN, PA 3001 SW 3RD AVENUE MIAMI, FL 33129  c/o Nicole J. Huesmann, P.A. 150 Alhambra Circle Suite 1150 Coral Gables, Florida 33134	
2. Principal Place of Business <b>150 Alhambra Circle</b> Suite, Apt. #, etc. <b>Suite 1150</b> City & State <b>Coral Gables, Florida</b> Zip <b>33134</b>		3. Mailing Address <b>150 Alhambra Circle</b> Suite, Apt. #, etc. <b>Suite 1150</b> City & State <b>Coral Gables, Florida</b> Zip <b>33134</b>	
4. FEI Number <b>51-0428729</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HUESMANN, NICOLE J</b> <b>3001 SW 3RD AVENUE</b> <b>MIAMI, FL 33129</b>		7. Name and Address of New Registered Agent Name <b>Nicole J. Huesmann</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 Alhambra Circle</b> Suite 1150 City <b>Coral Gables</b>	
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.		FL Zip Code <b>33134</b>	
SIGNATURE <small>Signature of current or former registered agent and use if applicable. (NOTE: Registered Agentsignatures required when registering.)</small>		DATE <b>3/12/2003</b>	
Attention: If you are filing this report with the Florida Department of State, please 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Director <b>Jorge Miranda</b> <b>150 Alhambra Circle, Suite 1150</b> <b>Coral Gables, Florida 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		<b>Jorge Miranda, Director 3/12/2003 305-858-0220</b>	

CH2E034 (10/02)