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

## DOCUMENT # P02000075602

1. Entity Name

FINISH URBAN MUSIC, INC.



## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90231 013 \*\*\*150.00

Principal Place of Business 614 NW 8TH AVENUE		• • • • • • • • • • • • • • • • • • • •	614 NW 8TH AVENUE		The Machine		
-DELRAY BEAC	CH FL 33444	DELRAY-BEACH*FL			IDIN BUNU BUNU NDUK DINDO AL	 IDD 88218 2182 1281	
				****			
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address		T TERMINERI SUS MAUSA MANU A	JETRI BERLI GESKY (BEES ESKIE DI	III 361(8 H6) (89)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 01 ~ 0734355		Applied For Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired	□ \$8.75 / Fee Requ	
6. Name and Address of Current Registered A		rrent Registered Agent	gent		7. Name and Address of New Registered Agent		
2000 2000				Name			
JACOBS, CAROL 614 NW 8TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33444							
	200			City		FL Zip C	ode
8. The above	named entity submits this statement	ent for the purpose of chang	ing its registere	ed office or register	red agent, or both, in the State of F	lorida. I am familiar wi	h, and accept
the obligations of registered agent							
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	d Agent signature required	when reinstating)	DATE	
F	LE NOW!!! FEE IS \$150.00	)			9. Election Campaign F	inonoing <b>Č</b> E	00 =
After May 1, 2003 Fee will be \$550.00					Trust Fund Contributi		.00 May Be led to Fees
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.					ADDITIONS/CHANGES TO OF	EICERS AND DIRECTO	DRS IN 11
TITLE					ADDITIONO/OFFANGES TO CE	Chang	
NAME JACOBS, CAROL			NAMI				Ò
STREET ADDRESS 614 NW 8TH AVENUE CITY-ST-ZIP DELRAY BEACH FL 33444			STREI CITY-				e Addition
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NAME			NAME				
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NAME			NAME				}
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	·		
	partify that the information supplier	d with this filing does not our			ection 119.07(3)(i). Florida Statutes	: I further certify that th	e information

Experience of the corporation of the computed 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/25/03 (561)276-7304