## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000079774  1. Entity Name					FILED		
CASAS MUSIC PRODUCTIONS, INC.						04 DEC 23 PM 1: 06	
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Address					EMSTATEMENT 03.00		
	W 8 ST.	4338 SW 8 ST. Suite, Apt. #, etc.				12-03-04 01033 010 \$ 150.00 DO NOT WRITE IN THIS SPACE 11-14-04 01070 016 \$150.00	
City & Stat	e AMI, FLORIDA	City & State MIAMI, FLORIDA				4. FEI Number Applied For 11-3644423 Not Applicable	
Zip Country 33134 USA		Zip 33134	p Country			5. Certificate of Status Desired	
				Name		7. Name and Address of Current Registered Agent	
DO NOT WRITE				CASAS, REINALDO E.  Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE					<u>338</u>	SW 8 ST.	
				City.		MIAMI FL Zip Code 33134	
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.							
SIGNATURE Signature, typed or printed gine of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May 1 Fee is \$ After May 1, Fee is \$550.  Amended UBR is \$61.2  Make Check Payable to Department						10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND I	DIRECTORS	TITL	. T			
NAME STREET ADDRESS CITY-ST-ZIP	CASAS, REINALDO F 4338 SW 8 ST. Miami. Fl. 33134	2	NAM STRE		bı	4-14-03 90343 042 \$150.00	
TITLE NAME STREET ADDRESS CITY-\$1-ZIP	S CASAS, ANA D. 4338 SW 8 ST.	-		· .			
TITLE NAME	MIAMI. FL. 33134		TITLE	Ε .			
STREET ADDRESS CITY-ST-ZIP		,		ET ADDRESS -ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1			IN THIS SPACE	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP				1	\	NR Mrs	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE MAMI STRE	-		<b>Y</b>	
13. Thereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.							

Reinaldo E. Casas

President

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-2004

Date

Daytime Phone #

Miami, December 21, 2004

Department of State Annual Report-Reinstatement Section POBox 6327 Tallahassee, Florida. 32314

Subject: Casas Music Productions, Inc. Ref. number P02000079774

My corporation never received the letter dated april 17, 2003, please, I am pleading you to Waivedothereinstatementafee.

I will appreciated your consideration on this matter,

Sincerely,

Reinaldo Casas

President, Casas Music Productions, Inc.

Phone 305-698-0512