2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000083168

City-St-Zip:

Entity Name: MANIFEST ARTIST MANAGEMENT IN

FILED Apr 29, 2003 Secretary of State

Entity Name:	MANIFES	SLARTIST MANAGEMENT, IN	IC.		
Current Principal Place of Business:			New Principal Place of Business:		
7410 VIALE CA DELRAY BEAC		446			
Current Mailing Address:			New Mailing Address:		
7410 VIALE CA DELRAY BEAC		446			
El Number: 03-0489530 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and Add	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
GOLDMAN, GIÑ 190 N.W. SPAN SUITE 200 BOCA RATONI	NISH RIVE	ER BLVD.			
The above nam in the State of F		submits this statement for the	purpose of changing i	ts registere	ed office or registered agent, or both,
SIGNATURE:					
	Electror	ic Signature of Registered Ag	ent		Date
Election Campaig		g Trust Fund Contribution(). TORS:	ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	7410 VIALI	()Change(X)Addition I, ROBERT S E CATERINA EACH, FL 33446
Title: Name: Address:		Delete	Title: Name: Address:	D CORVERA 7931 MAN	() Change (X) Addition , MARLON OR FOREST BLVD.

City-St-Zip: BOYNTON BEACH, FL 33436

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: ROBERT GOLDMAN MD 04/29/2003