

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90368 022 ***150.00

DOCUMENT # P02000090333

1. Entity Name
ORTCON MUSIC PRODUCTIONS, INC.



Principal Place of Business
4108 HEARTHSTONE DRIVE
SARASOTA FL 34238

Mailing Address
4108 HEARTHSTONE DRIVE
SARASOTA FL 34238



2. Principal Place of Business
630 BUTTWOOD DR

3. Mailing Address
same as principal

Suite, Apt. #, etc.
CITY & STATE
LONGBOAT KEY FL.

Suite, Apt. #, etc.
CITY & STATE
LONGBOAT KEY FL.

☐ CHECK HERE IF MAKING CHANGES

Zip
34228

Country
Sarasota

Zip
34228

Country
FL

4. FEI Number
04-3708967

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHACON, JORGE R
4108 HEARTHSTONE DRIVE
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name
CHRISTINE K. ORTIZ
Street Address (P.O. Box Number is Not Acceptable)
630 BUTTWOOD DRIVE
City
LONGBOAT KEY FL 34228

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.

SIGNATURE
Christine K. Ortiz

(NOTE: Registered Agent signature required when reinstating)

DATE
April 29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$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	D <input type="checkbox"/> Delete ORTIZ, CHRISTINE K 630 BUTTWOOD DRIVE LAONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ORTIZ, LUIS F 630 BUTTWOOD DRIVE LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHACON, JORGE R 4108 HEARTHSTONE DRIVE SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE:
Christine K. Ortiz
CHRISTINE K. ORTIZ

DATE
April 29/03
944-383-5064

CR2E034 (10/02)