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

## P02000110130 DOCUMENT #

1. Entity Name

SOUND OF MUSIC DJ'S, INC.

|--|

**FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90396 023 \*\*\*150.00

Principal Place of Business 6926 W. 30TH AVE. HIALEAH FL 33018			Mailing Address 6926 W. 30TH AVE. HIALEAH FL 33018			I TUBINGBI IN BRIGG NUM BURN BARN BURG J		<b>8</b> (11) (1 <b>88</b> )	
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
		City & State			4. FEI Number 161633553		Applied For Not Applicable		
Zip £	Country	Zip	Zip Country		5.	5 Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent	<b>'</b>		7.	Name and Address of New Register	ed Agent		
,				Name					
VALDES, JUAN R				Street Address (P.O. Box Number is Not Acceptable)					
	30TH AVE. FL 33018					,			
NIALEAN	rL 33010						1 0		
				City		F	Zip Co	ae	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	00 t of State				Election Campaign Financing     Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AN	ND DIRECTORS	.11.	, .	AC	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VALEDES, JUAN R 6926 W. 30TH AVE. HIALEAH FL 33018	☐ Delet	NAM STR				☐ Change	☐ Addition	
TITLE	TIMLEATI FL 33010	Delet					Change	☐ Addition	
NAME		Bulge	NAN						
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP			_		
TITLE		□ Delet	e TITL	LE	· ———		☐ Change	☐ Addition	
NAME			NAM O						
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP					
TITLE		☐ Deleti					☐ Change	☐ Addition	
NAME			NAM	_					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP					
TITLE		□ Deleti					☐ Change	Addition	
NAME		LLI Deteti	NAM				onange		
STREET ADDRESS	1		STR	EET ADDRESS					

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

Addition