

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91011 013 ***150.00

DOCUMENT # P03000023893 1. Entity Name LEC MUSIC PUBLISHING INC			
Principal Place of Business 9032 SW 142 AVENUE SUITE 535 MIAMI, FL 33186		Mailing Address 9032 SW 142 AVENUE SUITE 535 MIAMI, FL 33186	
2. Principal Place of Business 16850-112 Collins Ave Suite, Apt. #, etc. #355 Sunny Isles FL City & State 33160 Zip 33160		3. Mailing Address 16850-112 Collins Ave Suite, Apt. #, etc. #355 Sunny Isles City & State FL 33160 Zip 33160	
4. FEI Number 37-1459993		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COVARRUBIAS, LAURA E 9032 SW 142 AVENUE SUITE 535 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COVARRUBIAS, LAURA E 9032 SW 142 AVENUE SUITE 535 MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAME 16850-112 Collins Ave #355 Sunny Isles FL 33160
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
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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.			
SIGNATURE:		Date 4-12-04 Daytime Phone # (305) 935-3997	

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