2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 05, 2000 8:00 am Secretary of State DOCUMENT # P9200006943 CORAL KEY MUSIC PUBLISHING, INC. 02-05-2000 90018 018 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 143421 P.O. BOX 143421 STE. 200 STE. 200 DUUTAOOO CORAL GABLES FL 33114-3421 CORAL GABLES FL 33114-3421 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0375021 Not ----Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BILLINGSLEY, DOUGLAS TODD** Street Address (P.O. Box Number is Not Acceptable) 516 ARAGON AVE STE. 200 CORAL GABLES FL 33134 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPT** ☐ Delete TITLE Change Addition TITLE **BILLINGSLEY, DOUGLAS TODD** NAME NAME STREET ADDRESS STREET ADDRESS 516 ARAGON AVE CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE ÑĀMĒ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change Addition ☐ Delete TITLE TITI.E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 trusted expression specific this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the received changed, or on an attachment SIGNATURE:

SIGNING OFFICER OF DIRECTOR