

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90248 014 ***150.00

DOCUMENT # *P 94 0000 85060*
1. Entity Name
Musicana Enterprises, Inc. ✓

Principal Place of Business **Mailing Address**
1692 Coral Tern.
No. Wauderdale, Fl 33068-4128

2. Principal Place of Business **3. Mailing Address**
Same *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 " "
 City & State City & State
 " "
 Zip Country Zip Country
33068 USA 33068-4128 U.S.A.

A0065938

DO NOT WRITE IN THIS SPACE

4. FEI Number *65-0602596* **Applied For**
 Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
Annette Ryan (Pugliese) *Same*
1692 Coral Tern. *Street Address (P.O. Box Number is Not Acceptable)*
No. Wauderdale, Fl 33068
 City **FL** Zip Code

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.

SIGNATURE *-0-* **DATE**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
 (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00.
Make Check Payable to Department of State. **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>CEO</i> <i>Annette P. Ryan (aka Pugliese)</i>		STREET ADDRESS	<i>← Same</i>	
CITY-ST-ZIP	<i>1692 Coral Tern.</i> <i>No. Wauderdale, Fl 33068</i>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>VP-SEC.</i> <i>Paul M. Pellegrini, III</i>		STREET ADDRESS	<i>Same</i>	
CITY-ST-ZIP	<i>1692 Coral Tern.</i> <i>No. Wauderdale, Fl 33068</i>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>Annette P. Ryan, Pres. (954)</i> <i>1692 Coral Tern.</i>		STREET ADDRESS	<i>← Same</i> <i>new</i> <i>401692 Coral Tern.</i>	
CITY-ST-ZIP	<i>No. Wauderdale, Fl 33068-4128</i>		CITY-ST-ZIP	<i>No. Wauderdale, Fl 33068-4128</i>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>Treasurer</i> <i>William P. Ryan</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>1692 Coral Tern.</i> <i>No. Wauderdale, Fl 33068-4128</i>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Annette P. Ryan, Pres.* **DATE** *Apr. 28, 2001* **Daytime Phone #** *Private Line (954) 722-2536*

CR2E034 (11/00)