

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037592

1. Entity Name

ARTWORK MUSIC CO., INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90025 038 \*\*\*150.00

Principal Place of Business

Mailing Address

4517 PALM BEACH POINT BLVD.  
W. PALM BEACH FL 33414-7410

C/O RENDINE CPA  
3544 GOMER ST\*\*\*\*\*  
YORKTOWN MTS NY 10596-1705  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0597962

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

MOGULL, IVAN  
4517 PALM BEACH POINT BLVD.  
WEST PALM BEACH FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MOGULL, IVAN  
STREET ADDRESS 4517 PALM BEACH POINT BLVD.  
CITY-ST-ZIP W. PALM BEACH FL 33414-7410

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME ENGEMANN, KARL  
STREET ADDRESS 4177 DOVER LANE  
CITY-ST-ZIP PROVO UT 84604

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MOGULL, MARCIA  
STREET ADDRESS 4517 PALM BEACH POINT BLVD.  
CITY-ST-ZIP W. PALM BEACH FL 33414-7410

TITLE Treasurer + Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MOGULL, PETER  
STREET ADDRESS 11 EAST 87TH ST.  
CITY-ST-ZIP NEW YORK NY 10128

TITLE Vice President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition  
NAME F. David Mogull  
STREET ADDRESS 2600 Island Blvd #2903  
CITY-ST-ZIP Williams Island, FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/2000 561-  
795-9661

CR2E034 (9/99)