

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90081 024 \*\*\*150.00

**DOCUMENT # P95000079015**

1. Entity Name  
**VICEVERSA MUSIC, INC.**

Principal Place of Business <b>3348 TORREMOLINOS AVE          MIAMI FL 33178          US</b>	Mailing Address <b>3348 TORREMOLINOS AVENUE          MIAMI FL 33178-3725          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7086 N.W., 109 COURT</b> Suite, Apt. #, etc.	3. Mailing Address <b>7086 N.W., 109 COURT</b> Suite, Apt. #, etc.
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33178</b>	Country <b>U.S.A.</b>
Zip <b>33178</b>	Country <b>U.S.A.</b>

4. EEI Number <b>65-0632693</b>	Applied For <input type="checkbox"/> Not-Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FERNANDO, OSORIO**  
**3348 TORREMOLINOS AVE**  
**MIAMI-FL 33178**

7. Name and Address of New Registered Agent

Name **FERNANDO OSORIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7086 N.W., 109 COURT**  
 City **MIAMI, FL** Zip Code **33178**

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 (NOTE: Registered Agent signature required when reinstating) DATE **4/15/00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OSORIO, FERNANDO</b> <b>3348 TORREMOLINOS AVE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OSORIO, FERNANDO</b> <b>7086 N.W., 109 COURT</b> <b>MIAMI, FL 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **4/15/00** Daytime Phone # **305-470-9064**

CR2E034 (9/99)