2000 UNIFORM BUSINESS REPORT (UBR)

6/7/00-90443-007-$158.75-$158.75

DOCUMENT # P96000008117

1. Entity Name

SONOINTER MUSIC PUBLISHING, INC.

FILED
00 JUN 23 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES FL 33134-3037

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 65-0641434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTFRIED, RON
999 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Edgar Perez

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

999 PONCE DE LEON BLVD. SUITE 1020

City CORAL GABLES FL Zip Code 33134

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 X

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

DATE April 28/00

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAMORA, ALBERTO 999 PONCE DE LEON BLVD. STE 500 CORAL GABLES FL 33134	☒ Delete	P/S Edgar Perez 999 PONCE DE LEON BLVD. #1020 CORAL GABLES, FL. 33134	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOTTFRIED, RON 999 PONCE DE LEON BLVD. STE 500 CORAL GABLES FL 33134	☒ Delete	F ESPINOSA, JUAN 999 PONCE DE LEON ST 1020 CORAL GABLES FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TS	☐ Change ☐ 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 4/17/00 (571) 414-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E064 (9/99)