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	7. Name and Address of New Registered Agent
GOTTFRIED, RON 999 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES FL 33134	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	D ☒ Delete	TITLE	P/S ☒ Change ☒ Addition
NAME	ZAMORA, ALBERTO	NAME	Edgar Perez
STREET ADDRESS	999 PONCE DE LEON BLVD. STE 500	STREET ADDRESS	999 PONCE DE LEON BLVD. #1020
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D ☒ Delete	TITLE	F ☐ Change ☒ Addition
NAME	GOTTFRIED, RON	NAME	ESPINOSA, JUAN
STREET ADDRESS	999 PONCE DE LEON BLVD. STE 500	STREET ADDRESS	999 PONCE DE LEON ST 1020
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	TS

CRPF094 (9/99)

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #