2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am § Secretary of State **DOCUMENT #** P96000023233 1. Entity Name SERENADA RECORDS, INC. -2002 90100 037 ***158.75 Principal Place of Business Mailing Address 770 PALM BAY LANE #7-8 770 PALM BAY LANE #7-B MIAM! FL 33138 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0660215 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, LORRAINE E Street Address (P.O. Box Number is Not Acceptable) PERENICH, CARROLL, PERENICH 1875 NORTH BELCHER RD., # 201 **CLEARWATER FL 33765** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DIAMOND, NINA L NAME NAME STREET ADDRESS 770 PALM BAY LANE #7-B STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME Lauderdale, dwight a NAME STREET ADDRESS WPLG/3900 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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