FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

Mar 28, 2001 8:00 am DOCUMENT # **P96000033969 Secretary of State** 1. Entity Name TOTAL MUSIC DISTRIBUTORS, INC. 03-28-2001 90213 043 ***150.00 Principal Place of Business Mailing Address TOTAL MUSICS DISTRIBUTORS TOTAL MUSIC DISTRIBUTORS INC 1050 E OAKLAND PARK BLVD 1050 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0688794 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 WLMC REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE. **SUITE 2000 MIAMI FL 33131** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** TITLE ☐ Delete PALMIERI, MARIO STREET ADDRESS AV. PRINCIPAL DE CAURIMARE, PISO 4, APT.41 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EL CAFETAL, CARACAS VENEZUEL ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exposure ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NTED NAME OF SIGNING OFFICER OR DIRECTOR