

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90101 028 ***150.00

DOCUMENT # P96000033969

1. Entity Name
TOTAL MUSIC DISTRIBUTORS, INC.

Principal Place of Business
TOTAL MUSIC DISTRIBUTORS
1050 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33334
US

Mailing Address
TOTAL MUSIC DISTRIBUTORS INC
1050 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33334
US



2. Principal Place of Business

3. Mailing Address

TOTAL MUSIC DISTRIBUTORS, INC.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 260007

City & State
PEMBROKE PINES, FL

City & State

Zip
33026-0007

Country
US

Zip

Country

4. FEI Number **65-0688794**

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

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131

Name

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

City

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **PALMIERI, MARIO**
STREET ADDRESS **AV. PRINCIPAL DE CAURIMARE, PISO 4, APT.41**
CITY-ST-ZIP **EL CAFETAL, CARACAS VENEZUEL**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ 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: _____ **STAMP REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002 **954-2273683**
 Date Daytime Phone #

CR2E034 (9/01)