

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90166 023 ***150.00

0369109 AV

DOCUMENT # P96000033969

1. Entity Name

TOTAL MUSIC DISTRIBUTORS, INC.



Principal Place of Business
TOTAL MUSIC DISTRIBUTORS
P.O. BOX 260007
PEMBROKE PINES FL 33026-0007
US

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



2. Principal Place of Business

TOTAL Music Distributors
Suite, Apt. #, etc.
13734 NW 15TH STREET
City & State
PEMBROKE PINES, FL
Zip
33028
Country
USA

3. Mailing Address

TOTAL Music Distributors
Suite, Apt. #, etc.
13734 NW 15TH STREET
City & State
PEMBROKE PINES, FL
Zip
33028
Country
USA

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PALMIERI, MARIO AV. PRINCIPAL DE CAURIMARE, PISO 4, APT.41 EL CAFETAL, CARACAS VENEZUEL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

(954) 885-6542

Daytime Phone #

CR2E034 (10/02)