

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90003 019 ***150.00

DOCUMENT # P97000021158

1. Entity Name
WILD ARTIST MUSIC, INC.

Principal Place of Business

**420 LINCOLN ROAD
 SUITE 205
 MIAMI BEACH FL 33139
 US**

Mailing Address

**420 LINCOLN ROAD
 SUITE 205
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business

**1524 Meridian Ave
 Suite, Apt. #, etc.
 #11**

3. Mailing Address

**1524 Meridian Ave #11
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number **65-0733861**

Applied For
 Not Applicable

Zip Country
33139 USA

Zip Country
33139 Dade

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

**RAY, ADAM
 1524 MERIDIAN AVENUE, #11
 MIAMI BCH FL 33139**

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 **Adam Ray - Pres.** **Adam Ray** **4/10/01**
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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 **PSTD** ☒ Delete
 NAME **RAY, ADAM**
 STREET ADDRESS **C/O ADAM RAY, 737 LENOX AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **Ray, Adam**
 STREET ADDRESS **1524 Meridian Ave #11**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **VP** ☐ Delete
 NAME **ABBOTT, CLARK**
 STREET ADDRESS **1524 MERIDIAN AVENUE #11**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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: **Adam Ray**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

Daytime Phone #

CR2E034 (10/00)