2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

FILED DOCUMENT # **P97000055970** Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** MUSIC CONTROL PUBLISHING, INC. 02-02-2000 90077 024 ***158.75 Principal Place of Business Mailing Address 905 S BAYSHORE DRIVE 905 S BAYSHORE DRIVE **SUITE 1931 SUITE 1931** MIAMI FL 33245-1600 MIAMI FL 33131 2. Principal Place of Business 1581 Brickel 3. Mailing Address Ave Ave 1581 Brickell Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 2304 Sulte Applied For City & State City & State 4. FEI Number 65-0762715 MIAMI MIAMI Not Applicable Zip 33129 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLASENCIA, RAUL JR Street Address (P.O. Box Number is Not Acceptable) 905 S BAYSHORE DRIVE 1581 Brickell Ave **SUITE 1931** Suite 2304 MIAMI FL 33131 Zip Code 33129 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 DATE ம் இழி ுக்கு Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 With S And Street OFFICERS AND DIRECTORS 12. 11. 14 14 14 Change ☐ Addition ☐ Delete TITLE TITLE PLASENCIA, RAUL JR NAME NAME 1581 Brickell Ave suite 2304 STREET ADDRESS P.O. BOX 45-1600 STREET ADDRESS miami CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33245 M Addition Delete TITLE Change TITLE Plasenua Maria E NAME NAME 1581 Brickell Ave Suite 2304 STREET ADDRESS STREET ADDRESS MIAMI CI 33129 CITY, ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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