## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700061847  1. Entity Name GLOBO MUSIC PUBLISHING CORPORATION					FILED Feb 01, 2000 8:00 am Secretary of State		
Principal Place	e of Business	Mailing Address			02-01-2000 9004	0.012	
2170 NW 87TH AVENUE MIAMI FL 33172		2170 NW 87TH AVENUE MIAMI FL 33172-2401					
A 5		Lo Mallian Address					
2. Principal Place of Business		3. Mailing Address				<u> </u>	<u>i</u> fi 1881 1991
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		<b>4.</b> F	-El Number <b>65-0802504</b>	1. 1 '	plied For
Zip Country		Zip Country		5. (	Certificate of Status Desired	S8.75 Add	litional
	6. Name and Address of Current	Registered Agent	<u> </u>	7. 1	Name and Address of New Reg	·	
V. 14.110 cm 1.02.000 v. 00.1011 1.03.000 v. 0				Name			
GARCIA-VIDAL, RAOUL ESQ COLUMBUS CENTER, SUITE 1450 ONE ALHAMBRA PLAZA			Street	Address (P.O. B	ox Number is Not Acceptable)		
CORAL GABLES FL 33134			City			FL Zip Code	e
8. The above	named entity submits this statement for	r the purpose of changing its	registered office	or registered ag	ent, or both, in the State of Florid	da.	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered Agent sign	ature required when re	sinstating)	DATE	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)		!!! FEE IS \$150 000 Fee will be to ble to Departme	550.00	10. Election Campaign Finar Trust Fund Contribution.		May Be to Fees
11.	OFFICERS AND		12.		DITIONS/CHANGES TO OFFIC		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGUILO, MONICA 2170 NW 87TH AVENUE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Change Exaddition I Salved Mazuelas S 2170 NW 87 Ave			
TITLE	MIAMI FL 33172 S	Delete	TITLE	Sacrata		☐ Change	☐-Addition
NAME STREET ADDRESS CITY-ST-ZIP	FIGUEROA, AMALIA E 2170 N W 87TH AVENUE MIAMI FL 33172		name Street address City-St-Zip	Luis 2170 A Miann	Mayano IN 87Th Aug	•	
TITLE	THE GIT PERSON IN	☐ Delete	TITLE	, , , ,		☐ Change	Addition
NAME STREET ADDRESS- CITY-ST-ZIP		and the same of th	NAME  STREET ADDRESS  CITY-ST-ZIP	; • · · · · ·		<u>.</u> .	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		Change	☐ Addition
indicated	Certify that the information supplied with lon this report or supplemental report i poration or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signature snai t as required by C				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 - 477 - 3889 Daytime Phone #