## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE:

## Jan 24, 2002 8:00 am Secretary of State P97000061847 DOCUMENT # 1. Entity Name GLOBO MUSIC PUBLISHING CORPORATION 01-24-2002 90200 041 \*\*\*150.00 Principal Place of Business Mailing Address 2170 NW 87TH AVENUE 2170 NW 87TH AVENUE MIAMI FL 33172 MIAM! FL 33172 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0802504 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCIA-VIDAL: RAOUL ESQ Street Address (P.O. Box Number is Not Acceptable) COLUMBUS CENTER, SUITE 1450 ONE ALHAMBRA PLAZA CORAL GABLES FL 33134 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Addition ☐ Delete TITL F Secretary MONSERRAT, JAIME NAME NAME Monserrat, Jaime STREET ADDRESS STREET ADDRESS 2170 NW 87 AVE 2170 NW 87 Avenue# 103 CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP Miami, Fl 33172 ☐ Addition TITLE 🗐 Change Delete TITLE MOYANO, LUIS M NAME NAME 2170 NW 87TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Delete TITLE President Addition Addition TITLE NAME Isabel Mazuelas NAME STREET ADDRESS STREET ADDRESS 2170 NW 87 Avenue #103 CITY-ST-ZIP CITY-ST-ZIP <u>Miami, Fl 33172</u> ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE 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 subglemental report is fue 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 of 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 attagramment with an address, with abother like empowered.

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO SECRETARY 01/08/02 (305)

FILED