

2001. UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000069322**

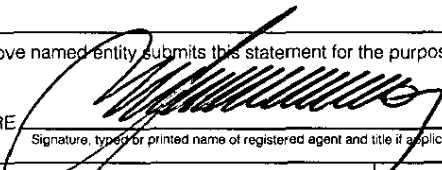
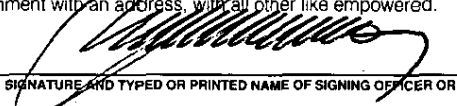
1. Entity Name

TWINS MUSIC, INC.**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90141 014 ***150.00

C0061137

DO NOT WRITE IN THIS SPACE

Principal Place of Business 999 BRICKELL BAY DR TOWER I, APT 602 MIAMI FL 33131 US		Mailing Address 999 BRICKELL BAY DR TOWER I, APT 602 MIAMI FL 33131 US																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number 65-0773522		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FMR CORP. 1101 BRICKELL AVE., PENTHOUSE SUITE 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. SIGNATURE  (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. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
11. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MASELLI, HECTOR</td><td></td></tr><tr><td>STREET ADDRESS</td><td>999 S BAYSHORE DR, STE 602 TOWER 1</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL 33131</td><td></td></tr></table>		TITLE	P	<input type="checkbox"/> Delete	NAME	MASELLI, HECTOR		STREET ADDRESS	999 S BAYSHORE DR, STE 602 TOWER 1		CITY-ST-ZIP	MIAMI FL 33131		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 		Date 4/30/01 Daytime Phone #																									

CR2E034 (10/00)