2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000036985** May 16, 2000 8:00 am Secretary of State CAIMAN MUSIC PUBLISHING (AMERICA), INC. 05-16-2000 90003 041 ***150.00 Principal Place of Business Mailing Address 3110 N.E. SECOND AVENUE 3110 N.E. SECOND AVENUE MIAMI FL 33126-1018 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address N.W. 82nd Avenue 666 1666 N.W. 8221 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0831293 Not Applicable Miami Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33126 USA 33126 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STOLLMAN, MARC D Street Address (P.O. Box Number is Not Acceptable) 3720 CANTERBURY WAY **BOCA RATON FL 33434** 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change Delete TITLE TITLE PILON, DIDIER DIAZ, OSCAR NAME NAME 3110 N.E. SECOND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Florida CITY-ST-7IP MIAMI. FL 33137 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4 Daytime Phone # Date GNATUR

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