2001 UNIFORM BUSINESS REPORT (UBR)

Aug 21, 2001 8:00 am Secretary of State DOCUMENT # P98000036985 1. Entity Name 08-21-2001 90029 013 ***550.00 CAIMAN MUSIC PUBLISHING (AMERICA), INC. Principal Place of Business Mailing Address 1666 NW 82ND AVE 1666 NW 82ND AVE MIAM1 FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 7.0 B<u>ox</u> 2070 NW 79+# Avenu l Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0831293 Not Applicable \$8.75 Additional 5._Certificate_of_Status_Desired _ _ _ _ _ _ _ <u>33/52</u>-31/5 6.4 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOLLMAN, MARC D Street Address (P.O. Box Number is Not Acceptable) 3720 CANTERBURY WAY **BOCA RATON FL 33434** 2424 Worth Federal 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (5/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME PILON, DIDIER NAME STREET ADDRESS 1666 NW 82ND AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition 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 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

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SIGNATURE: