

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90033 019 ***150.00

NAME

DOCUMENT # P98000036985

1. Entity Name
CAIMAN MUSIC PUBLISHING (AMERICA), INC.

Principal Place of Business 2070 NW 79TH AVENUE SUITE #204 MIAMI FL 33122	Mailing Address P.O. BOX 523115 MIAMI FL 33152-3115
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2. Principal Place of Business 5805 Blue Lagoon Drive	3. Mailing Address P.O. Box 523115
Suite, Apt. #, etc. Suite 410	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, Florida	City & State Miami, Florida
Zip 33126	Country U.S.A.
Zip 33152-3115	Country U.S.A.

4. FEI Number 65-0831293	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~STOLLMAN, MARC D
 2424 NORTH FEDERAL HWY
 SUITE #450
 BOCA RATON FL 33431~~

7. Name and Address of New Registered Agent

Name **PILON, DIDIER**

Street Address (P.O. Box Number is Not Acceptable)
5805 Blue Lagoon Drive. Suite 410

City **MIAMI** FL Zip Code **33126**

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 **2/13/02**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.
 \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME PILON, DIDIER	
STREET ADDRESS 1666 NW 82ND AVE	
CITY-ST-ZIP MIAMI FL 33126	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Didier Pilon	
STREET ADDRESS 5805 Blue Lagoon Drive - Suite 410	
CITY-ST-ZIP MIAMI, Florida 33126	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: SIGNATURE REQUIRED

Date **2/13/02** Daytime Phone # **305-261-1902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)