

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000053418**

1. Entity Name

DIVINE INTERVENTION MUSIC, INC.**FILED**
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90142 026 ***150.00

A0040420



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14913 S.W. 143RD COURT MIAMI FL 33186		Mailing Address 14913 S.W. 143RD COURT MIAMI FL 33186-5629	
2. Principal Place of Business 11401 SW 147 STREET Suite, Apt. #, etc. MIAMI, FLORIDA City & State		3. Mailing Address 11401 SW 147 STREET Suite, Apt. #, etc. MIAMI, FLORIDA City & State	
Zip 33176	Country USA	Zip 33176	Country USA
4. FEI Number 65-0844455		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 HAWTHORNE, ANTHONY 14913 S.W. 143RD COURT MIAMI FL 33186		7. Name and Address of New Registered Agent Name HAWTHORNE, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 9011401 SW 147 STREET City MIAMI FL Zip Code 33176	
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: 4.7.00			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWTHORNE, ANTHONY 14913 S.W. 143RD COURT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERIT, PATRICK 11401 S.W. 147TH STREET MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4.7.00 Daytime Phone #	

CR20014 (5/98)