5/

FILED Jun 03, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBB)

SIGNATURE:

Secretary of State P98000077574 **DOCUMENT #** 05-10-2002 90047 032 ***150.00 1. Entity Name WORLD DEEP MUSIC PUBLISHING CORPORATION Mailing Address Principal Place of Business 15421 W DIXIE HWY 15421 W DIXE HWY BAY #8 BAY #8 NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33152 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0522878 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIOS, LUIS Street Address (P.O. Box Number is Not Acceptable) 8360 W. FLAGLER STE 200 MIAMI FL 33144 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 (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, 2002 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fee: (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition 9/04 ☐ Delete TITLE TITLE SALGADO, FABIO A NAME NAME 1643 BRICKELL AVE #1802 STREET ADDRESS STREET ADDRESS MIAMI FL 33129 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE 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-ZIE 13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature shat of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered. (3)(i), Florida Statutes, I further certify that the information effect as if made under oath; that I am an officer or director tatutes; and that my name appears in Block 11 or Block 12 if