

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90059 043 ***150.00

DOCUMENT # P98000081486

1. Entity Name
ORFEON RECORDS ORGANIZATION, INC.



Principal Place of Business
**2170 N.W. 87TH AVENUE
MIAMI FL 33172**

Mailing Address
**2170 N.W. 87TH AVENUE
MIAMI FL 33172**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
2170 NW 87 Avenue
Suite, Apt. #, etc.
Suite 101
City & State
Miami, FL

CHECK HERE IF MAKING CHANGES

Zip Country
33172

Country

4. FEI Number **65-0219568**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SIMON, STEVEN W ESQ
801 BRICKELL AVE, STE 1901
MIAMI FL 33131**

7. Name and Address of New Registered Agent

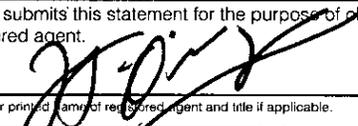
Name
Juan T. O'Naghten

Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive

Suite 200

City **Miami** FL Zip Code **33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **03/21/03**

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

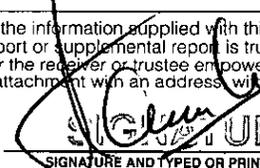
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MONSERRAT, JAMIE 9431 WEST CALVOA CLUB DRIVE MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete IBANEZ, AGUSTIN AV. UNIVERSIDAD 1273 COLONIA DEL VALLE, MEXICO D.F. MEXICO 03100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9431 West Calusa Club Drive Miami, FL 33186
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **03/21/03** (305) 477-3889

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)