

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091875

1. Entity Name

HEAT MUSIC, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90012 001 \*\*\*\*\*8.75

04-18-2000 90012 002 \*\*\*150.00

248 WASHINGTON AVE, SUITES C & D  
MIAMI BEACH FL 33139

248 WASHINGTON AVE, SUITES C & D  
MIAMI BEACH FL 33139-7116

2. Principal Place of Business

233 - 11th Street, 2nd FL

3. Mailing Address

233 - 11th Street, 2nd FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0890338

Applied For

Not Applicable

Zip  
33139

Country  
USA

Zip  
33139

Country  
USA

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRATTON, DOUGLAS D ESQ  
407 LINCOLN RD, SUITE 2A  
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	DELLINGER, DENNIS J	248 WASHINGTON AVE, SUITES C & D	MIAMI BEACH FL 33139	D	DELLINGER, DENNIS J.	233 - 11th Street, 2nd Floor	Miami Beach, Florida 33139

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

Daytime Phone #

4-11-00

(305) 695-0000

CR2E034 (9/99)