

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90050 012 \*\*\*150.00

**DOCUMENT # P99000010109**

1. Entity Name  
**LAAB MUSIC PUBLISHING, INC.**

Principal Place of Business  
~~13457 SW 151 TERR~~  
~~MIAMI FL 33186~~

Mailing Address  
~~13457 SW 151 TERR~~  
~~MIAMI FL 33186~~

2. Principal Place of Business  
**9665 SW 136 ST**  
 Suite, Apt. #, etc.  
**MIAMI, FL**

3. Mailing Address  
**9665 SW 136 ST**  
 Suite, Apt. #, etc.  
**MIAMI, FL**

City & State  
 City & State  
 Zip **33176** Country **USA**

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 City & State  
 Zip **33176** Country **USA**

4. FEI Number **65-0893356** Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MATHEUS, BARBARA**  
~~13057 SW 151 TERRACE~~ **9665 SW 136 ST**  
~~MIAMI FL 33186~~ **MIAMI, FL 33176**

7. Name and Address of New Registered Agent  
 Name **BARBARA MATHEUS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9665 SW 136 ST**  
 City **MIAMI, FL** State **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 *Barbara J. Mathews* DATE 4/14/01  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>MATHEUS, BARBARA L</b> <del>1302 SOUTHWEST 191 PLACE CIRCLE EAST</del> <del>MIAMI FL 33184</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LARRNAGA, LAZARA C</b> <del>1302 SOUTHWEST 131 PLACE CIRCLE EAST</del> <del>MIAMI FL 33184</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>MATHEUS, BARBARA L.</b> <b>9665 SW 136 ST</b> <b>MIAMI, FL 33176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LARRINAGA, LAZARA C.</b> <del>12663 SW 94 PL</del> <b>MIAMI, FL 33176</b> <input checked="" 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
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: *Barbara J. Mathews* **BARBARA MATHEUS** DATE 4/14/01 DAYTIME PHONE # (786) 242 2682  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)