

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 03, 2001 8:00 am
Secretary of State

04-04-2001 90022 004 ***150.00

DOCUMENT # P990000 16407

1. Entity Name

MAX RYAN MUSIC PUBLISHING CO. INC

Principal Place of Business

Mailing Address

2101 BRICKELL AVE
 #321
 MIAMI FL 33129
 USA

2101 BRICKELL AVE
 #321
 MIAMI FL 33129
 US

2. Principal Place of Business

3. Mailing Address

251 GALEN DR.
 Suite, Apt. #, etc.
 #205

251 GALEN DRIVE
 Suite, Apt. #, etc.
 #205

City & State

City & State

KEY BISCAVNE, FL

KEY BISCAVNE, FLA

4. FEI Number

Applied For

59-3562668

Not Applicable

Zip

Country

Zip

Country

33149

USA

33149

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

EDMOND J. RYAN
 2101 BRICKELL AVE #321
 Miami, Florida 33129

Name EDMOND J. RYAN
 Street Address (P.O. Box Number is Not Acceptable)
 251 GALEN DRIVE #205
 KEY BISCAVNE
 City FL Zip Code 33149

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	EDMOND J. RYAN	
STREET ADDRESS	2101 BRICKELL AVE #321	
CITY-ST-ZIP	MIAMI, FLORIDA 33129	
TITLE	Vice-President	<input checked="" type="checkbox"/> Delete
NAME	DANNY R. ZIRPOLI	
STREET ADDRESS	1628 Colleen Street	
CITY-ST-ZIP	SARASOTA, FLORIDA 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMOND J. RYAN	
STREET ADDRESS	251 GALEN DRIVE #205	
CITY-ST-ZIP	KEY BISCAVNE, FLA 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

EDMOND J. RYAN

3/11/01

305-586-5719
 305-361-7637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)