

2006 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016407

1. Entity Name

MAX RYAN ~~Productions, Inc.~~ ~~MUSIC~~
Music Publishing, Inc.

Principal Place of Business

Mailing Address

?

2. Principal Place of Business

2920 Bird Ave #3

3. Mailing Address

2920 Bird Ave #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLA

City & State

Miami, FLA

4. FEI Number

22-3794905

Applied For

Not Applicable

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
2920 Bird Ave #3
Miami, FLA. 33133

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

Edmond J. Ryan

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/06

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 *
NAME
STREET ADDRESS
CITY - ST - ZIP
President Director
Edmond J. Ryan
2920 Bird Ave #3
Miami FLA 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ 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:

Edmond J. Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06

(941) 735-0543

CR2E034 (11/00)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90156 049 ***150.00

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DO NOT WRITE IN THIS SPACE