5/2.

2001 UNIFORM BUSINESS REPORT (UBR)					May 24, 2001 8:00 am	
DOCUMENT # P99000029710 1. Ertity Name					Secretary of State 05-02-2001 90022 035 ***150.00	
ULTRA	BEACH MUSIC FESTIVAL, INC	• •				
Principal Plac	ce of Business	Mailing Address	· 			
1575 NW 14 STREET MIAMI FL 33125		1575 NW 14 STREET MIAMI FL 33125				
					A MARINERA KITA ARAMA MARIKA RAMAK BRAKA BRAKA KARIKA KARIKA ARAMA MARIKA ARAMA KARIKA ARAMA KARIKA ARAMA KARI	
Principal Place of Business 1411 Great		10000 N.W. 14th Street		eet		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05-0896943	
Mary Florida		Many Pl	Florida		4. FEI Number APPLIED FOR Applied For Not Applicable	
33136	-2105 Country	33136-2105	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R		. ⊇ ·∠Name-		7. Name and Address of New Registered Agent	
FAIBISCH, RUSSELL C 1 575 NW-14-6 T MIAMI FL 3312 5			Street Address (P.O. Box Number is Not Acceptable)			
			City	Μιαν	m' FL 359537	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office of			
SIGNATURE	Signature, typed or printed name of registered agent an	Alort.	Registered Agent signat		when reinstating) QATE	
9. This corpo	yation is eligible to satisfy its intangible		FEE IS \$150.0		10. Election Campaign Financing \$5.00 May Be	
Tax filing	requirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			Trust Fund Contribution. D. Added to Fees	
11.	OFFICERS AND D	RECTORS Delete	12. 加证		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition 8	
TITLE NAME STREET ADDRESS	FAIBISCH, RUSSELL C 1 575 NW-14TH S T	L Gent	NAME STREET ADDRESS	ιρ	OO N.W. 14street Change Addition St.	
CITY-ST-ZIP	MIAMI FL 33125	Delete	CITY-ST-ZIP TITLE		Change Addition &	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	 		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS City-ST-ZIP	·		STREET ADORESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	·		CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE " NAME" STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		Citatina Citatina	
TITLE NAME STREET ADDRESS	,	☐ Delete	TITLE NAME STREET ADDRESS		☐ 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 Statutas. 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 DUIECTOR Outcome Outcome						