

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90022 018 \*\*\*150.00

DOCUMENT # ~~P990000097672~~  
 1. Entity Name **P990000 39853**

~~BLUE MOUNTAIN PUBLISHING, INC.~~  
**Music Time, Inc.**

Principal Place of Business  
~~209 11TH JOHNSON ST.~~  
~~SUITE 108~~  
~~PEMBROKE PINES FL 33029~~

Mailing Address  
~~209 11TH JOHNSON ST.~~  
~~SUITE 108~~  
~~PEMBROKE PINES FL 33029~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**15841 Times Blvd**  
 Suite, Apt. #, etc.  
**389**  
 City & State  
**PEMBROKE PINES, FL**  
 Zip  
**33027**  
 Country  
**U.S.A**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

4. FEI Number **65-0913277**  
~~65-0968500~~  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HENRIQUES, SHONA**  
**404 WASHINGTON AVE**  
**SUITE 680**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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, 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		
TITLE	PT	<input type="checkbox"/> Delete
NAME	MCLEOD, GEORGE	
STREET ADDRESS	20911 JOHNSON STREET #108	
CITY-ST-ZIP	PEMBROKE PINES FL 33139	
TITLE	SV	<input type="checkbox"/> Delete
NAME	SIMPSON, SONDA	
STREET ADDRESS	740 N.W. 207TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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: **George McLeod**

**3 4-14-00**  
 Date Daytime Phone #  
**954-579-4364**