2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000048449*

1. Entity Name
GRAN CAIMAN MUSIC PUBLISHING, INC.

Principal Place of Business	Mailing Address
1666 NW 82ND AVE	1666 NW 82ND AVE
MIAMI FL 33126	MIAMI FL 33126
US	US

2. Principal Place of Business
2070 NW 79TH Avenue
Suite, Apt. #, etc.
204
City & State
Miami, Florida
Zip 33122.   Country U.S.A.

3. Mailing Address
P.O. Box 523115
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33152-3115   Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0932870   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

STOLLMAN, MARC D
3720 CANTERBURY WAY
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name Stollman, Marc D.
Street Address (P.O. Box Number is Not Acceptable)
2424 North Federal Hwy. Suite A 450.
City Boca Raton   FL   Zip Code 33431

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 $550.00
After September 12, 2001 Fee will be $750.00
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 D NAME PILON, DIDIER STREET ADDRESS 1666 NW 82ND AVE CITY-ST-ZIP MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7/3/01   Daytime Phone # 305-697-2282.