

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90039 030 ***150.00

DOCUMENT # P99000048449

1. Entity Name
GRAN CAIMAN MUSIC PUBLISHING, INC.

Principal Place of Business 2070 NW 79TH AVENUE #204 MIAMI FL 33122 US	Mailing Address PO BOX 523115 MIAMI FL 33152-3115 US
---	--



2. Principal Place of Business 5805 Blue Lagoon Drive	3. Mailing Address P.O. Box 523115
Suite, Apt. #, etc. Suite 410	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, Florida	City & State Miami, FL	4. FEI Number 65-0932870	Applied For <input type="checkbox"/> Not Applicable
---------------------------------------	----------------------------------	------------------------------------	--

Zip 33126	Country U.S.A	Zip 33152-3115	Country U.S.A	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------------	-------------------------	--------------------------	-------------------------	---

6. Name and Address of Current Registered Agent STOLLMAN, MARC D 2424 DONA FEDERAL HWY. SUITE 460 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Pilon, Didier Street Address (P.O. Box Number is Not Acceptable) 5805 Blue Lagoon Drive - Suite 410 City Miami FL Zip Code 33126
--	---

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]* DATE **2-13-02**

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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PILON, DIDIER		NAME Didier Pilon	
STREET ADDRESS 1666 NW 82ND AVE		STREET ADDRESS 5805 Blue Lagoon Drive. Suite 410	
CITY-ST-ZIP MIAMI FL 33126		CITY-ST-ZIP Miami, FL 33126	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE **2-13-02** DAYTIME PHONE # **305-261-1902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0242201

CR2E034 (9/01)